CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00088032 45 Date Received COMMITTEE AFC Victory Fund **ELECTRONICALLY FILED** NAME 04/28/2024 TREASURER Lisker, Lisa NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) February 5 ORIGINAL PERIOD Month Year Month Year Day Day Date Imaged **COVERED THROUGH** 12/26/2023 01/25/2024 **EXPLANATION OF CORRECTION** The Committee received notification of the in kind after the original report was filed. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Lisa Lisker Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

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V3.5.1.5b35d027

FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088032 3 COMMITTEE NAME **OFFICE USE ONLY** AFC Victory Fund Date Received **ELECTRONICALLY FILED** 04/28/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 228 S. Washington St. Ste. 115 Change of Address Alexandria, VA 22314 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Lisa NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Lisker CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 228 S. Washington St. Ste. 115 STREET **ADDRESS** (Residence or Business) Alexandria, VA 22314 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 228 S. Washington St. Ste. 115 MAILING **ADDRESS** Change of Address Alexandria, VA 22314 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (703) 281-7540 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

				1		
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
AFC Victory Fund					00088032	
l l	andidates	A. Supported				
	y by name or, if able, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Gary VanDea	aver State Repre	sentative	
2. M	easures	A. Supported				
	ibe by date and location	A. Supported				
	tion and nature of issue.)					
		B. Opposed				
	fficeholders ssisted					
	y by name or, if able, classify by party.)					
	OTAL UNITEMIZED					
C	LEDGES, LOANS, (ONTRIBUTIONS M neck here if this report	MADE ELECTRO	NICALLY)		\$	0.00
	OTAL POLITICA				\$	
(C	OTHER THAN PLE	DGES, LOANS,	OR GUARANTE	ES OF LOANS)	٦	2,529,782.92
EXPENDITURE 3. TO TOTALS	OTAL UNITEMIZED	D POLITICAL EX	XPENDITURES		\$	0.00
4. To	OTAL POLITICA	AL EXPENDIT	URES		\$	783,665.25
	OTAL POLITICAL OF THE REPORTING		NS MAINTAINED	AS OF THE LAST	DAY \$	5,019,606.64
l l	OTAL PRINCIPAL A			NG LOANS AS OF	THE \$	0.00
6 AFFIDAVIT					<u> </u>	
		tr	swear, or affirm, rue and correct a nder Title 15, Ele	nd includes all infor	erjury, that the a	accompanying report is d to be reported by me
				Lisa	Lisker	
		-		Signature of Ca	mpaign Treasu	urer
AFFIX NOTARY STAM	IP / SEAL ABOVE			ŭ	1 3	
Sworn to and subscribed before					nis the	day
of, 20	, to certify v	wnicn, witness n	ny nana ana sea	гот опісе.		
Signature of officer administe	ering oath	Printed name o	f officer administ	ering oath	Title of office	cer administering oath

						Page 4 of 45
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
AFC Victory Fund					00088032	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Travis Clardy	State Representa	tive	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Ernest Bailey	State Representa	tive	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Justin Holland	State Representa	ative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

					Page 5 of 45
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
AFC Victory Fund				00088032	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	John Kuempel State Represent	ative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Hugh Shine State Representati	ve	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	DeWayne Burns State Represe	entative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

						Page 6 of 45
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
AFC Victory Fund					00088032	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Glenn Rogers	State Representa	ative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Reggie Smith	State Representa	ative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Stan Lambert	State Representa	ative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

						Page 7 of 45
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
AFC Victory Fund					00088032	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Drew Darby	State Representati	ve	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Steve Allison	State Representa	tive	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Charlie Gerer	State Representa	ative	
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

FORM MPAC

						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ENDUM
						Pag	e 8 of 45
				Ī	13 Filer ID	(Ethics Commiss	sion Filers)
					00088032		
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported						
	B. Opposed	Keith Bell	State Represen	ntative			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
	B. Opposed						
3. Officeholders Assisted							
applicable, classify by party.)							
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported						
	B. Opposed	Ken King	State Represen	itative			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
	B. Opposed						
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted A. Supported	Candidates (Identify by name or, if applicable, classify by party.) B. Opposed Keith Bell	(Identify by name or, if applicable, classify by party.) B. Opposed Keith Bell State Represer 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed Ken King State Represer 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported State Represer 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed	1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed Keith Bell State Representative 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party.) 1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed Ken King State Representative 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported Clescribe by date and location of election and nature of issue.) B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed Keith Bell State Representative 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed A. Supported Clearlify by name or, if applicable, classify by party.) B. Opposed Ken King State Representative 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported Clearlify by name or, if applicable, classify by party.) B. Opposed A. Supported Clearlify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed Keith Bell State Representative 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed A. Supported B. Opposed B. Opposed A. Supported Clearity by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported Coescribe by date and location of election and nature of issue.) B. Opposed B. Opposed

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				_	9 of 45
l		EE NAME rry Fund	18 Filer ID 00088032	(Ethics Con	nmission Filers)
19 SC	HEDULI	SUBTOTALS		OLIDE:	
NA	ME OF	SCHEDULE		SUBTO	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,520,550.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	9,232.92
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	783,665.25
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 10/45
2	FILER NAME AFC Victory	Fund			3	Filer ID (Ethics Commission Filers) 00088032
4	Date 12/27/2023	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$500,000.00	
		Grand Rapids, MI 49503				
8	Principal occu Executive	pation / Job title (See Instructions)	9	Employer (See Instructions Windquest Group	5)	
	Date 12/27/2023	Full name of contributor out-of-state PAC (ID#:_ DeVos, Dick Contributor address; City; State; Zip Code Grand Rapids, MI 49503)		Amount of Contribution (\$) \$500,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	Executive			Windquest Group		
	Date 01/23/2024	Full name of contributor)		Amount of Contribution (\$) \$250,000.00
		Austin, TX 78746				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 01/15/2024	Full name of contributor out-of-state PAC (ID#:_ Gardner, Tim Contributor address; City; State; Zip Code Providence, UT 84332)		Amount of Contribution (\$) \$50.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Utah State University	5)	
	Date Full name of contributor out-of-state PAC (ID#:) 01/17/2024 Hine, Gilbert Clarendon Contributor address; City; State; Zip Code San Antonio, TX 78260			Amount of Contribution (\$) \$50,000.00		
	Principal occu Insurance Br	pation / Job title (See Instructions) oker		Employer (See Instructions Worldwide Facilities	5)	

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 11/45
2	FILER NAME AFC Victory	Fund			3	Filer ID (Ethics Commission Filers) 00088032
4	Date 12/31/2023	Date 5 Full name of contributor out-of-state PAC (ID#:))	7	Amount of Contribution (\$) \$10,000.00
_		Los Altos, CA 94024	. 1			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S)	
	Date 01/19/2024	Full name of contributor Marshall Jr., E. Pierce Contributor address; City; St				Amount of Contribution (\$) \$100,000.00
	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	s) 	
	Investor	pation / dob title (dee matractions	,	Elevage Capital Management		
	Date 01/16/2024	Full name of contributor Middleton, D. Mayes Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$) \$100,000.00
	Principal occu	Wallisville, TX 77597 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	State Repres	sentative		State of Texas		
	Date 01/22/2024	Full name of contributor Uihlein, Richard Contributor address; City; St Lake Bluff, IL 60044	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$) \$1,000,000.00
	Principal occu CEO/Owner	pation / Job title (See Instructions)	Employer (See Instructions Uline	5)	
	Date Full name of contributor out-of-state PAC (ID#:) 12/31/2023 Weldon, Peter Contributor address; City; State; Zip Code Winter Park, FL 32789)		Amount of Contribution (\$) \$10,000.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)	

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 12/45
2	FILER NAME AFC Victory Fund	3	Filer ID (Ethics Commission Filers) 00088032
4	Date 01/16/2024 5 Full name of contributor out-of-state PAC (ID#:) Wilkirson, Stacy 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$500.0
8	Houston, TX 77024 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instruction Retired	ns)	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 13/45 2 FILER NAME 3 Filer ID (Ethics Commission Filers) AFC Victory Fund 00088032 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/22/2024 Greg Abbott Campaign \$9,232.921 In kind-Data 7 Contributor address; City; State; Zip Code Austin, TX 78767 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/32 Rpt: 14/45	2 FILER NAME AFC Victory Fund 3 Filer ID (Ethics Commission Filers) 00088032
4 Date 01/11/2024	5 Payee name Adams Leadership PAC
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 1523 E 1425 N
Expenditure from corporate funds	Layton, UT 84040
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Not TX Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 01/16/2024	Payee name Anedot
Amount (\$) \$22.60	Payee address; City; State; Zip Code 1340 Poydras St Ste. 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online Processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 01/17/2024	Payee name CP Strategies LLC
Amount (\$) \$6,000.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 1327 H ST Ste 303 Lincoln, NE 68508
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Strategic Consulting
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	The instruction duide explains now to	complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 2/32 Rpt: 15/45	AFC Victory Fund	00088032
4 Date 01/17/2024	5 Payee nameCamelback Strategy Group	
	- · ·	Codo
6 Amount (\$) \$6,619.83	7 Payee address; City; State; Zip 2801 E Camelback Rd	Code
Φ0,019.03		
Expenditure from	Ste 200	
corporate funds	Phoenix, AZ 85016	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Gary VanDeaver HD01
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O	^H VanDeaver, Gary State F	Representative District 01
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip	Code
\$8,193.48	2801 E Camelback Rd	
·	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Travis Clardy HD11
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O	¹ Clardy, Travis State F	Representative District 11
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip	Code
\$7,054.86	2801 E Camelback Rd	
	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Ernest Bailes HD18
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	-
SAPORALIA TO BOHOR O/O	Bailes, Ernest State F	Representative District 11

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/32 Rpt: 16/45	AFC Victory Fund	00088032
4 Date	5 Payee name	
01/17/2024	Camelback Strategy Group	
6 Amount (\$)	7 Payee address; City; State; Zip C	code
\$5,882.23	2801 E Camelback Rd	
Expenditure from	Ste 200	
corporate funds	Phoenix, AZ 85016	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Justin Holland HD33
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	Holland, Justin State R	epresentative District 33
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip C	code
\$6,747.43	2801 E Camelback Rd	
Expenditure from	Ste 200	
corporate funds	Phoenix, AZ 85016	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose John Kuempel HD 44
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	H Kuempel, John State Re	epresentative District 44
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip C	code
\$4,292.18	2801 E Camelback Rd	
Expenditure from	Ste 200	
corporate funds	Phoenix, AZ 85016	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Hugh Shine HD55
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OH Shine, Hugh State Representative District 55		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/32 Rpt: 17/45	AFC Victory Fund	00088032
4 Date	5 Payee name	·
01/17/2024	Camelback Strategy Group	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$8,880.45	2801 E Camelback Rd	
- Evnanditura from	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose DeWayne Burns HD58
		12-birect Mail Oppose Dewayne Bullis 11830
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI	1	epresentative District 58
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$14,039.05	2801 E Camelback Rd	
,,	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Glenn Rogers HD60
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	
experientare to benefit ever	Rogers, Glenn State Re	epresentative District 60
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$7,726.85	2801 E Camelback Rd	
Expenditure from	Ste 200	
corporate funds	Phoenix, AZ 85016	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Reggie Smith HD 62
		The Birect Main Oppose Reggie Smith Fib 92
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI		epresentative District 62
	. 55	<u>'</u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Layment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/32 Rpt: 18/45	AFC Victory Fund	00088032
4 Date	5 Payee name	
01/17/2024	Camelback Strategy Group	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$7,181.85	2801 E Camelback Rd	
Expenditure from	Ste 200	
corporate funds	Phoenix, AZ 85016	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Stan Lambert HD71
9 Complete ONLY if direct	Candidate/Officeholder name Office so	-
expenditure to benefit C/OI	H Lambert, Stan State R	epresentative District 71
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip C	Code
\$6,692.74	2801 E Camelback Rd	
Expenditure from	Ste 200	
corporate funds	Phoenix, AZ 85016	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Drew Darby HD72
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	H Darby, Drew State R	epresentative District 72
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip C	Code
\$5,701.77	2801 E Camelback Rd	
Expenditure from	Ste 200	
corporate funds	Phoenix, AZ 85016	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Steve Allison HD121
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OH Allison, Steve State Representative District 121		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/32 Rpt: 19/45	AFC Victory Fund	00088032
4 Date	5 Payee name	
01/17/2024	Camelback Strategy Group	
6 Amount (\$) \$6,619.83	7 Payee address; City; State; Zip C 2801 E Camelback Rd Ste 200	ode
corporate funds	Phoenix, AZ 85016	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Gary VanDeaver HD01
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office so VanDeaver, Gary State Re	epresentative District 01
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$) \$8,193.48 Expenditure from corporate funds	Payee address; City; State; Zip C 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Travis Clardy HD11
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office so Clardy, Travis State Re	ught Office held epresentative District 11
Date 01/17/2024	Payee name Camelback Strategy Group	
Amount (\$) \$7,054.86 Expenditure from corporate funds	Payee address; City; State; Zip C 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Ernest Bailes HD18
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Hailes, Ernest State Re	ught Office held epresentative District 18

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/32 Rpt: 20/45	AFC Victory Fund	00088032
4 Date	5 Payee name	•
01/17/2024	Camelback Strategy Group	
\$5,882.23	7 Payee address; City; State; Zip Co 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016	ode
corporate funds 8 PURPOSE		III) a similar
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Justin Holland HD33
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office south Holland, Justin State Re	ught Office held epresentative District 33
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$) \$6,747.43	Payee address; City; State; Zip Co 2801 E Camelback Rd	ode
Expenditure from corporate funds	Ste 200 Phoenix, AZ 85016	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose John Kuempel HD44
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soul Kuempel, John State Re	ught Office held epresentative District 44
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$) \$4,292.18 Expenditure from corporate funds	Payee address; City; State; Zip Co 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Hugh Shine HD55
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sould Shine, Hugh State Re	ught Office held epresentative District 55

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 8/32 Rpt: 21/45	2 FILER NAME AFC Victory Fund 3 Filer ID (Ethics Commission Filers) 00088032	
4	Date 01/17/2024	5 Payee name Camelback Strategy Group	
8	Amount (\$) \$8,880.45 Expenditure from corporate funds PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose DeWayne Burns HD58	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H Burns, DeWayne State Representative District 58	
	Date 01/17/2024	Payee name Camelback Strategy Group	
	Amount (\$) \$14,039.05 Expenditure from corporate funds	Payee address; City; State; Zip Code 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose GeInn Rogers HD60	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Rogers, Glenn State Representative District 60	
	Date 01/17/2024	Payee name Camelback Strategy Group	
	Amount (\$) \$7,726.85 Expenditure from corporate funds	Payee address; City; State; Zip Code 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Reggie Smith HD62	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held Smith, Reggie State Representative District 62	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 9/32 Rpt: 22/45	AFC Victory Fund	00088032
4 Date	5 Payee name	
01/17/2024	Camelback Strategy Group	
6 Amount (\$) \$7,181.85	7 Payee address; City; State; Zip Co 2801 E Camelback Rd	ode
Expenditure from corporate funds	Ste 200 Phoenix, AZ 85016	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Stan Lambert HD71
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou Lambert, Stan State Re	ight Office held presentative District 71
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$6,692.74	2801 E Camelback Rd	
Expenditure from corporate funds	Ste 200 Phoenix, AZ 85016	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Drew Darby HD72
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou Darby, Drew State Re	oght Office held presentative District 72
Date	Payee name	
01/17/2024	Camelback Strategy Group	
Amount (\$) \$5,701.77 Expenditure from corporate funds	Payee address; City; State; Zip Co 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Steve Allison HD121
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou Allison, Steve State Re	ight Office held presentative District 121
	- tate ite	p. 555

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/32 Rpt: 23/45	AFC Victory Fund	00088032
4 Date	5 Payee name	·
01/22/2024	Camelback Strategy Group	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$6,619.83	2801 E Camelback Rd	
Evpanditure from	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Gary VanDeaver HD01
		12-birect Mail Oppose Gary Varibeaver Fibor
9 Complete ONLY if direct	Candidate/Officeholder name Office so	l ught Office held
expenditure to benefit C/OI	¹ VanDeaver, Gary State Re	epresentative District 01
Date	Payee name	
01/22/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip C	ode
\$8,193.48	2801 E Camelback Rd	
	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	.	Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Travis Clardy HD11
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		epresentative District 11
Data	-	-p. 300.100.100
Date 01/22/2024	Payee name Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip Ci	ode
\$7,054.86	2801 E Camelback Rd	
Expenditure from	Ste 200	
corporate funds	Phoenix, AZ 85016	T
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Ernest Bailes HD18
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OH Bailes, Ernest State Representative District 18		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Layment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/32 Rpt: 24/45	AFC Victory Fund	00088032
4 Date	5 Payee name	
01/22/2024	Camelback Strategy Group	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$5,882.23	2801 E Camelback Rd	
Expenditure from	Ste 200	
corporate funds	Phoenix, AZ 85016	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Justin Holland HD33
		,
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/O	Holland, Justin State R	representative District 33
Date	Payee name	
01/22/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip C	Code
\$6,747.42	2801 E Camelback Rd	
- Evanditura from	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if Austin TV officeholder living exposes
		Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose John Kuempel HD44
		The Brook man oppose os
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/OI	H Kuempel, John State R	representative District 44
Date	Payee name	
01/22/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip C	Code
\$4,292.17	2801 E Camelback Rd	
- Evanditura from	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Hugh Shine HD55
		IE-Direct Wall Oppose Hagh Chine H200
Complete ONLY if direct	Candidate/Officeholder name Office so	L ought Office held
expenditure to benefit C/OH Shine, Hugh State Representative District 55		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/32 Rpt: 25/45 AFC Victory Fund 00088032 4 Date Payee name 01/22/2024 Camelback Strategy Group Amount (\$) Payee address; State; Zip Code \$8,880.65 2801 E Camelback Rd Ste 200 Expenditure from Phoenix, AZ 85016 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose DeWayne Burns HD58 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Burns, DeWayne State Representative District 58 Date Payee name 01/22/2024 Camelback Strategy Group Amount (\$) Payee address; City; State; Zip Code \$14,039.05 2801 E Camelback Rd Ste 200 Expenditure from Phoenix, AZ 85016 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Glenn Rogers HD60 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Rogers, Glenn State Representative District 60 Date Payee name 01/22/2024 Camelback Strategy Group Amount (\$) Payee address: City: State; Zip Code \$7,726.85 2801 E Camelback Rd Ste 200 Expenditure from Phoenix, AZ 85016 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Reggie Smith HD62 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Smith, Reggie State Representative District 62

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 13/32 Rpt: 26/45	2 FILER NAME3 Filer ID(Ethics Commission Filers)AFC Victory Fund00088032
4 Date 01/22/2024	5 Payee name Camelback Strategy Group
6 Amount (\$) \$7,181.85 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	IE-Direct Mail Oppose Stan Lambert HD71
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held State Representative District 71
Date 01/22/2024	Payee name Camelback Strategy Group
Amount (\$) \$6,692.74 Expenditure from corporate funds	Payee address; City; State; Zip Code 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Drew Darby HD72
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Darby, Drew State Representative District 72
Date 01/22/2024	Payee name Camelback Strategy Group
Amount (\$) \$5,701.77 Expenditure from corporate funds	Payee address; City; State; Zip Code 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Steve Allison HD121
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Allison, Steve State Representative District 121

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in District
Travel Out of I
Contract Labor
OTHER (enter

The Instruction Guide explains how to complete this form.

Transportation Travel in Distric Travel Out of D	•
Filer ID	(Ethics Commission File

	The instruction duide explains now to co	ompiete tills form:	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
Sch: 14/32 Rpt: 27/45	AFC Victory Fund	00088032	
4 Date	5 Payee name		
01/24/2024	Camelback Strategy Group		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$8,076.58	2801 E Camelback Rd		
Expenditure from	Ste 200		
corporate funds	Phoenix, AZ 85016		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Gary VanDeaver HD01	
		12-bilect Mail Oppose Gary Valibeaver 11b01	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	lught Office held	
expenditure to benefit C/OI		epresentative District 01	
Date			
01/24/2024	Payee name Camelback Strategy Group		
	'	ada	
Amount (\$)	Payee address; City; State; Zip Co 2801 E Camelback Rd	ode	
\$9,719.49			
Expenditure from	Ste 200		
corporate funds	Phoenix, AZ 85016	T	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Taxon Complete Schedule T	
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		IE-Direct Mail Oppose Travis Clardy HD11	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	^H Clardy, Travis State Re	presentative District 11	
Date	Payee name		
01/24/2024	Camelback Strategy Group		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$8,150.10	2801 E Camelback Rd		
	Ste 200		
Expenditure from corporate funds	Phoenix, AZ 85016		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		IE-Direct Mail Oppose Ernest Bailes HD18	
Complete Chilly if all a	Condidate/Officeholder name	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office south		
	State Representative District 18		
Forms provided by Texas E	thics Commission www.ethics.state.tx.u	us Version V3.5.1.5b35d027	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 15/32 Rpt: 28/45	AFC Victory Fund	00088032				
4 Date	5 Payee name					
01/24/2024	Camelback Strategy Group					
6 Amount (\$)	7 Payee address; City; State; Zip C	ode				
\$6,877.21	2801 E Camelback Rd					
Expenditure from	Ste 200					
corporate funds	Phoenix, AZ 85016					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		IE-Direct Mail Oppose Justin Holland HD33				
		Срросо сасан. Понана 1 со				
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held				
expenditure to benefit C/OI	Holland, Justin State Re	epresentative District 33				
Date	Payee name					
01/24/2024	Camelback Strategy Group					
Amount (\$)	Payee address; City; State; Zip C	ode				
\$5,666.90	2801 E Camelback Rd					
Expenditure from	Ste 200					
corporate funds	Phoenix, AZ 85016					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		IE-Direct Mail Oppose John Kuempel HD44				
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held				
expenditure to benefit C/OI	H Kuempel, John State R	epresentative District 44				
Date	Payee name					
01/24/2024	Camelback Strategy Group					
Amount (\$)	Payee address; City; State; Zip C	ode				
\$4,906.20	2801 E Camelback Rd					
Expenditure from	Ste 200					
corporate funds	Phoenix, AZ 85016					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		IE-Direct Mail Oppose Hugh Shine HD55				
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held				
expenditure to benefit C/OH Shine, Hugh State Representative District 55						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 16/32 Rpt: 29/45	AFC Victory Fund	00088032
4 Date	5 Payee name	·
01/24/2024	Camelback Strategy Group	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$7,347.48	2801 E Camelback Rd	
- Evpanditura from	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose DeWayne Burns HD58
		IE-blied Wall Oppose Dewayne Ballis (1856)
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	lught Office held
expenditure to benefit C/O	1	epresentative District 58
Date	Payee name	
01/24/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip Ci	ode
\$11,431.67	2801 E Camelback Rd	
, ——, · · — · · ·	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Glenn Rogers HD60
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	-
	Rogers, Glenn State Re	epresentative District 60
Date	Payee name	
01/24/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$7,943.52	2801 E Camelback Rd	
Expenditure from	Ste 200	
corporate funds	Phoenix, AZ 85016	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Reggie Smith HD62
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/O		epresentative District 62

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 17/32 Rpt: 30/45	AFC Victory Fund	00088032
4 Date	5 Payee name	
01/24/2024	Camelback Strategy Group	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$7,699.27	2801 E Camelback Rd	
	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Stan Lambert HD71
		Distriction opposed that I have been a second to the secon
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	1	epresentative District 71
- ·		pprosentative District 12
Date	Payee name	
01/24/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip C	ode
\$7,750.31	2801 E Camelback Rd	
— Evanditure from	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
LA LIDITORE		Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Drew Darby HD72
Committee ONII V if direct	Office on	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	
'	Darby, Drew State Re	epresentative District 72
Date	Payee name	
01/24/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip C	ode
\$6,787.90	2801 E Camelback Rd	
	Ste 200	
Expenditure from corporate funds	Phoenix, AZ 85016	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, tare	Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose Steve Allison HD 121
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	
expenditure to benefit Groi	Allison, Steve State Re	epresentative District 121

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/32 Rpt: 31/45	AFC Victory Fund 00088032
4 Date	5 Payee name
01/24/2024	Camelback Strategy Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,468.98	2801 E Camelback Rd
- "	Ste 200
Expenditure from corporate funds	Phoenix, AZ 85016
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense IE-Direct Mail Oppose Charlie Geren HD99
	ile-bilect Mail Oppose Charle Gelett 11099
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	<u> </u>
01/11/2024	Payee name Candice Pierucci for House District 52
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	13457 S Corbin Valley Dr.
Expenditure from	
corporate funds	Riverton, UT 84096
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Non 1X continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/11/2024	Committee to Elect Kirk Cullimore
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code PO Box 1685
Φ1,500.00	FO DOX 1003
Expenditure from	December 117 04000
corporate funds	Draper, UT 84020
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Non TX Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fees Consulting Expense Foot Contributions/ Donations Made By - Gift/

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/V	Vages	s/Contract Labor		OTHER (enter a	category not listed above)
•		The Instruction Guide	explains how to co	mple	ete this form.			
1 Total pages Schedule F1:	2 FILER NAME	Ĭ.				3	Filer ID	(Ethics Commission Filers)
Sch: 19/32 Rpt: 32/45	AFC Victory	Fund					00088032	
4 Date	5 Payee name							
01/11/2024		to Elect Lincoln Fill	more					
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
\$1,500.00	1	h 1190 West	·					
, ,								
Expenditure from	South lords	เท, UT 84095						
corporate funds				(1-)				
8 PURPOSE OF		ee Categories listed at the to		(a)	Description Check if travel	outci	do of Toyas Com	plete Schedule T.
EXPENDITURE		ns/Donations Made Officeholder/Politica					officeholder living	•
	Canadater	oniceriolaei/i onice	a Committee		Non TX Cont			
9 Complete ONLY if direct	L Candidate/Offi	ceholder name	Office sou	ıght			Office he	eld
expenditure to benefit C/O	H			•				
Date	Payee name							
01/17/2024	Cygnal							
		City :	Ctata: 7in Ca					
Amount (\$)	Payee addre	•	State; Zip Co	oue				
\$162,518.76	90017th St	INVV						
Expenditure from	Ste 950							
corporate funds	Washington	, DC 20006						
PURPOSE	(a) Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description			
OF EXPENDITURE	Consulting				Check if travel	outsi	de of Texas. Com	plete Schedule T.
EXI ENDITORE					ш	ı, TX,	officeholder living	g expense
					Research			
				<u> </u>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office sou	ıght			Office he	eld
experientare to benefit 6/61								
Date	Payee name							
01/17/2024	Cygnal							
Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
\$20,333.43	90017th St	NW						
	Ste 950							
Expenditure from corporate funds	Washington	DC 20006						
•	_							
PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description Check if travel	outc:	do of Toyon Com	plete Schedule T.
EXPENDITURE	Consulting	=xpense					officeholder living	•
					Research			· · · · · · · · ·
Complete ONLY if direct	L Candidate/Offi	ceholder name	Office sou	L ıaht			Office he	eld
expenditure to benefit C/O			300 300	g			200 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/32 Rpt: 33/45	AFC Victory Fund 00088032
4 Date	5 Payee name
01/17/2024	Drogin Group
6 Amount (\$) \$18,500.00 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6705 W Hwy 290 Ste 50281 Austin, TX 50281
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Strategic Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/24/2024	Flexpoint Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$1,983.33	PO Box 1051
Expenditure from corporate funds	Albany, OH 43054
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Digital Ads Oppose Gary VanDeaver HD01
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held VanDeaver, Gary State Representative District 01
Date	Payee name
01/24/2024	Flexpoint Media Inc
Amount (\$) \$1,983.33	Payee address; City; State; Zip Code PO Box 1051
Expenditure from corporate funds	Albany, OH 43054
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Digital Ads Oppose Travis Clardy HD11
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held Clardy, Travis State Representative District 11

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1: Sch: 21/32 Rpt: 34/45	2 FILER NAME AFC Victory Fund 3 Filer ID (Ethics Commission Filers) 00088032					
	· I					
4 Date 01/24/2024	5 Payee name Flexpoint Media Inc					
6 Amount (\$) \$1,983.33	7 Payee address; City; State; Zip Code PO Box 1051					
Expenditure from corporate funds	Albany, OH 43054					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	IE-Digital Ads Oppose Ernest Bailes HD18					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
01/24/2024	Flexpoint Media Inc					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,983.33	PO Box 1051					
Expenditure from corporate funds	Albany, OH 43054					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	IE-Digital Ads Oppose Justin Holland HD33					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	Holland, Justin State Representative District 33					
Date	Payee name					
01/24/2024	Flexpoint Media Inc					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,983.33	PO Box 1051					
Expenditure from	Albamy, OLL 42054					
corporate funds	Albany, OH 43054					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	IE-Digital Ads Oppose John Kuempel HD44					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH Kuempel, John State Representative District 44						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 22/32 Rpt: 35/45	AFC Victory Fund	00088032				
4 Date	5 Payee name	<u> </u>				
01/24/2024	Flexpoint Media Inc					
6 Amount (\$)	7 Payee address; City; State; Zip C	ode				
\$1,983.33	PO Box 1051					
Expenditure from corporate funds	Albany, OH 43054					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		IE-Digital Ads Oppose Hugh Shine HD55				
9 Complete ONLY if direct	Candidate/Officeholder name Office soi	ught Office held				
expenditure to benefit C/O	H Shine, Hugh State Re	epresentative District 55				
Date	Payee name					
01/24/2024	Flexpoint Media Inc					
Amount (\$)	Payee address; City; State; Zip Ci	nda				
\$1,983.33	PO Box 1051					
Ψ1,303.03	1 0 00% 1001					
Expenditure from corporate funds	Albany, OH 43054					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		IE-Digital Ads Oppose DeWayne Burns HD58				
		La a grant the opposition and the control of				
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held				
expenditure to benefit C/O	1	epresentative District 58				
Date	Payee name	<u> </u>				
01/24/2024	Flexpoint Media Inc					
	·	odo.				
Amount (\$) \$1,983.33	Payee address; City; State; Zip City; PO Box 1051	oue				
Ψ1,303.55	1 O BOX 1031					
Expenditure from corporate funds	Albany, OH 43054					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.				
LAI LABITORE		Check if Austin, TX, officeholder living expense				
		IE-Digital Ads Oppose Glenn Rogers HD60				
Complete CNII V if direct	Condidate/Officeholder name	Office hold				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil H Rogers, Glenn State Re					
State Representative District 60						

SCHEDULE F1

The strength of the strength o

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 23/32 Rpt: 36/45	AFC Victory Fund	00088032
4 Date	5 Payee name	·
01/24/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1,983.33	PO Box 1051	
- Evpanditura from		
Expenditure from corporate funds	Albany, OH 43054	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital Ads Oppose Reggie Smith HD62
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI	¹ Smith, Reggie State Re	epresentative District 62
Date	Payee name	
01/24/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,983.33	PO Box 1051	
·		
Expenditure from corporate funds	Albany, OH 43054	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital Ads Oppose Stan Lambert HD71
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	Lamber, State Re	epresentative District 71
Date	Payee name	
01/24/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,983.33	PO Box 1051	
. ,		
Expenditure from corporate funds	Albany, OH 43054	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Digital Ads Oppose Drew Darby HD72
		IE-Digital Aus Oppose Diew Daiby HD72
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		epresentative District 72
	Saist, Sien	procentative Biotriot 12

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form	, , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	12 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 24/32 Rpt: 37/45	AFC Victory Fund	00088032
4 Date	5 Payee name	•
01/24/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,983.33	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
OF EXPENDITURE		travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if	Austin, TX, officeholder living expense
	IE-Digital	ll Ads Oppose Steve Allison HD121
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experiulture to benefit 6/01	Allison, Steve State Representative I	District 121
Date	Payee name	
01/24/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,983.33	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	1 Advertising Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		Il Ads Oppose Keith Bell HD04
	Ţ	7 / do Opposo
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		
Date	·	
01/24/2024	Payee name Flexpoint Media Inc	
	'	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,983.33	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	on
OF EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T.
LA LIBITOR		Austin, TX, officeholder living expense
	IE-Digital	ll Ads Oppose Ken King HD88
Complete ONLV if direct	Conditate/Officeholder name Office cought	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H King, Ken State Representative I	Office held District 88
,	Mily, Neil State Nepresentative i	DISTRICT 66

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Cor		Legal Services The Instruc	emorials Expense	e F		pense ages/	Contract Labor		Travel Out of D OTHER (enter a	istrict	gory not listed above)	
1 T	otal pages Schedule F1:	2	FILER NAME							3	Filer ID	(E	thics Commission File	ers)
5	Sch: 25/32 Rpt: 38/45		AFC Victory	/ Fund							00088032			
	Date	5	Payee name											
0	01/24/2024	L	Flexpoint M	edia Inc										
6 A	Amount (\$)	7	Payee addre	ss; City	;	State;	Zip Co	de						
	\$1,983.33		PO Box 105	51										
	Expenditure from													
Ш	corporate funds		Albany, OH	43054										
8	PURPOSE	(a)	Category (Se	ee Categories I	sted at the top of	f this schedu	ule)	(b)	Description					
	OF EXPENDITURE		Advertising	Expense					=		le of Texas. Cor officeholder livin			
									IE-Digital Ads					
										1				
	Complete ONLY if direct		Candidate/Offi	ceholder na	ıme	Offi	ice souç	ght			Office h	neld		
е	expenditure to benefit C/OI	Η (Geren, Charl	ie		Sta	ate Rep	ores	entative Distri	ict 9	9			
С	Date		Payee name											
0	01/25/2024		Flexpoint M	edia Inc										
Α	Amount (\$)		Payee addre	ss; City	;	State;	Zip Co	de						
	\$5,936.22		PO Box 105	51										
	Formanditure Co													
	Expenditure from corporate funds		Albany, OH	43054										
	PURPOSE	(a)	Category (Se	ee Categories I	sted at the top of	f this schedu	ule)	(b)	Description					
	OF EXPENDITURE		Advertising	Expense							de of Texas. Cor			
									—		officeholder livin		_{ense} VanDeaver HD01	1
									Digital Met	aiu '	- pp030 00	ary '	vanbouvoi ribos	-
	Complete ONLY if direct		Candidate/Offi	ceholder na	ıme	Offi	ice souç	ght			Office h	neld		
е	expenditure to benefit C/OI	Η \	/anDeaver,	Gary		Sta	ate Rep	ores	entative Distri	ict C)1			
С	Date		Payee name											
0	01/25/2024		Flexpoint M	edia Inc										
Д	Amount (\$)	\vdash	Payee addre	ss; City		State; 2	Zip Cod	de						
	\$6,097.86		PO Box 105											
	Expenditure from corporate funds		Albany, OH	43054										
	PURPOSE	(a)	Category (Se	ee Categories I	sted at the top of	f this schedu	ule)	(b)	Description					
	OF EXPENDITURE		Advertising		•				ш		le of Texas. Cor			
	EN ENDITORE								Check if Austin,					
									ı⊏-Digitai Me	uıa	Oppose Tr	avis	Clardy HD11	
	Complete ONLY if direct		Candidate/Offi	ceholder na	ıme	Offi	ice souç	ght			Office h	neld		
	expenditure to benefit C/O		Clardy, Travi						entative Distri	ict 1		-		
			-				•							
Eorm	s provided by Tevas F	thic	e Commissi	on	\^^^^\	thice eta	to ty u					\/c	reion V2 5 1 5h2	5d027

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 26/32 Rpt: 39/45	AFC Victory Fund	00088032
4 Date	5 Payee name	
01/25/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$5,938.92	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital Media Oppose Ernest Bailes HD18
		in Digital Media Oppose Efficie Balles 11516
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	1	epresentative District 18
Data		· ·
Date 01/25/2024	Payee name	
	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$5,206.86	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	- The state of the	Check if Austin, TX, officeholder living expense
		IE-Digital Media Oppose Justin Holland HD33
Complete ONLY if direct	Candidate/Officeholder name Office sor	-
expenditure to benefit C/OI	Holland, Justin State Re	epresentative District 33
Date	Payee name	
01/25/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$4,842.72	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		IE-Digital Media Oppose John Kuempel HD44
Complete ONLY if direct	Condidate/Officeholder name	Ught Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office son Kuempel, Justin State Re	ught Office held epresentative District 44
,	Nucmpet, Justin State Re	spiesenialive District 44

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 27/32 Rpt: 40/45	AFC Victory Fund	00088032
4 Date	5 Payee name	·
01/25/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$3,457.80	PO Box 1051	
Expenditure from		
corporate funds	Albany, OH 43054	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital Media Oppose Hugh Shine HD55
		and a signal means of processing a second of the second of
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	H Shine, Hugh State Re	epresentative District 55
Date	Payee name	
01/25/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$5,694.30	PO Box 1051	
Expenditure from		
corporate funds	Albany, OH 43054	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital Media Oppose DeWayne Burns HD58
		and a signal meaning opposite a straight a second or sec
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	H Burns, DeWayne State Re	epresentative District 58
Date	Payee name	
01/25/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$8,080.38	PO Box 1051	
Expenditure from		
corporate funds	Albany, OH 43054	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Digital Media Oppose Glenn Rogers HD60
		in Digital Media Oppose Cieffi Nogers (1200
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OH Rogers, Glenn State Representative District 60		

SCHEDULE F1

Advertising Expense Event Exp Accounting/Banking Fees Consulting Expense Food/Bev Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Legal Ser

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Credit Card Payment The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 28/32 Rpt: 41/45	AFC Victory Fund	00088032
4 Date	5 Payee name	
01/25/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$6,514.02	PO Box 1051	
Expenditure from		
corporate funds	Albany, OH 43054	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital Media Oppose Reggie Smith HD62
		3
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	H Smith, Reggie State Re	epresentative District 62
Date	Payee name	
01/25/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$5,179.68	PO Box 1051	
,		
Expenditure from corporate funds	Albany, OH 43054	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital Media Oppose Stan Lambert HD71
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	H Lambert, Stan State Re	epresentative District 71
Date	Payee name	
01/25/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$5,157.90	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Digital Media Oppose Drew Darby HD72
		IL-Digital Media Oppose Siew Salsy 11872
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		epresentative District 72
		<u>'</u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 29/32 Rpt: 42/45	AFC Victory Fund	00088032
4 Date	5 Payee name	
01/25/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$5,000.40	PO Box 1051	
Expenditure from		
corporate funds	Albany, OH 43054	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital Media Oppose Steve Allison HD121
9 Complete ONLY if direct	Candidate/Officeholder name Office sor	ught Office held
expenditure to benefit C/OI	Allison, Steve State Re	presentative District 121
Date	Payee name	
01/05/2024	Fulcrum Research LLC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$5,000.00	611 Commerce St	
Funanditura from	Ste 2704	
Expenditure from corporate funds	Nashville, TN 37203	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Research
		Treesand.
Complete ONLY if direct	Candidate/Officeholder name Office so	I ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
01/17/2024	Fulcrum Research LLC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$15,000.00	611 Commerce St	
	Ste 2704	
Expenditure from corporate funds	Nashville, TN 37203	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Research
		Nesearch
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		2 /2-1-1-2

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	-	OTHER (enter a category not listed above)	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	,
AFC Victory Fund		00088032	
5 Payee name			
Gober Group PLLC			
7 Payee address; City; State; Zip Co	ode		
PO Box 341016			
Austin, TX 78734			
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Legal Services	. =		
	. —	1X, officeriolaer living expense	
	Legai i ees		
Candidate/Officeholder name Office sou	laht	Office held	
	igrit	Office field	
			_
Payee name			
Huckaby Davis Lisker			
Payee address; City; State; Zip Co	ode		
228 S Washington St			
Ste 115			
Alexandrai, VA 22314			
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Consulting Expense			
	Compliance	onsuling	
Candidate/Officeholder name Office sou	laht	Office held	
	igrit	Office field	
MB Public Affairs Inc			
Payee address; City; State; Zip Co	ode		
1415 L ST #1260			
Sacramento, CA 95814			
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Consulting Expense	Check if travel of	outside of Texas. Complete Schedule T.	
	, –	TX, officeholder living expense	
	Research		
	ıght	Office held	
1			
	The Instruction Guide explains how to complete the content of the	The Instruction Guide explains how to complete this form. 2 FILER NAME AFC Victory Fund 5 Payee name Gober Group PLLC 7 Payee address; City; State; Zip Code PO Box 341016 Austin, TX 78734 (a) Category (see Categories listed at the top of this schedule) Legal Services Candidate/Officeholder name Office sought Payee name Huckaby Davis Lisker Payee address; City; State; Zip Code 228 S Washington St Ste 115 Alexandrai, VA 22314 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sought Payee name MB Public Affairs Inc Payee address; City; State; Zip Code Candidate/Officeholder name Office sought Candidate/Officeholder name MB Public Affairs Inc Payee address; City; State; Zip Code 1415 L ST #1260 Sacramento, CA 95814 (a) Category (see Categories listed at the top of this schedule) Consulting Expense Candidate/Officeholder name Office sought Consulting Expense Candidate/Officeholder name Office Sought Consulting Expense	The Instruction Guide explains how to complete this form. 2 FILER NAME

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 31/32 Rpt: 44/45	AFC Victory Fund 00088032
4 Date	5 Payee name
01/05/2024	Percipient Strategies
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15,500.00	PO Box 71613
Expenditure from corporate funds	Washington, DC 20024
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Research
	rescuren
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/22/2024	Percipient Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$10,300.00	PO Box 71613
Ψ10,000.00	1 0 BOX 11010
Expenditure from corporate funds	Washington, DC 20024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Research
	rescaron
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Device same
01/11/2024	Payee name Utah House Republican Committee
	·
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	420 East South Temple
Expenditure from	Suite 390
corporate funds	Salt Lake City, UT 84111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	NOTE IN CONTINUED
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 32/32 Rpt: 45/45	AFC Victory Fund	00088032
4 Date	5 Payee name	•
01/04/2024	Vantage ROI	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$9,750.00	PO Box 340836	
Expenditure from corporate funds	Austin, TX 78734	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Concarding Expense	Check if Austin, TX, officeholder living expense
		Research
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experiulture to beliefit C/OI	1	
Date	Payee name	
01/22/2024	Vantage ROI	
Amount (\$)	Payee address; City; State; Zip Co	de
\$9,893.50	PO Box 340836	
Expenditure from corporate funds	Austin, TX 78734	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	5 1	Check if Austin, TX, officeholder living expense
		Research
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
от р		