#### 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** 05/04/2024 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 X May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2024 04/25/2024

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
AFC Victory Fund			0008803	2
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed Gary VanDeaver State Repres	sentative	
	0. Managemen	A Cupported		
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)  qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	29,442.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	1,785,446.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	5,606,829.31
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation requir	e accompanying report is ed to be reported by me
		Lisa	Lisker	
		Signature of Ca	mpaign Treas	surer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, ti	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of of	ficer administering oath

### MONTHLY FILING GPAC REPORT: PURPOSE

# FORM MPAC ADDENDUM

						Page 3 of 34
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	Jeff Barry Sta	te Representative		
	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	Justin Holland	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	John Kuempe	State Represent	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.)					

### MONTHLY FILING GPAC REPORT: PURPOSE

# FORM MPAC ADDENDUM

						Page 4 of 34
2 COMMITTEE NAME					iler ID	(Ethics Commission Filers)
FC Victory Fund				0	0088032	
4 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 S	tate Representativ	/e	
	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	Lynn Stucky State	Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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	Stephanie Klick St	ate Representative	9	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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.)					

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

					5 of 34
		EE NAME ory Fund	<b>18</b> Filer ID 00088032	(Ethic	es Commission Filers)
		E SUBTOTALS SCHEDULE		Ś	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	28,442.83
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	)R	\$	
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.	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 CONTRIBUTIONS	S	\$	1,737,203.50
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	48,242.59
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONETAF	RY POLITICAL CONTRIBUTION	N	IS		SCHEDULE A1
	The Instructio	n Guide explains how to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 6/34
2	FILER NAME AFC Victory Fun	d			3	Filer ID (Ethics Commission Filers) 00088032
4	04/20/2024	Full name of contributor  out-of-state PAC (ID#:_ Fusco, Kathleen Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$) \$1,000.00
8		Vera Beach, FL 32963 n / Job title (See Instructions)	9	Employer (See Instructions Retired	s)	

#### 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: 7/34 3 Filer ID (Ethics Commission Filers) FILER NAME AFC Victory Fund 00088032 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 03/31/2024 American Federation for Children Inc. \$3,751.71 In Kind-Staff Time 7 Contributor address; City; State; Zip Code Columbia, MD 21044 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 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) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 04/25/2024 American Federation for Children Inc. \$24,691.12 In Kind-Staff Time Contributor address; City; State; Zip Code Columbia, MD 21044 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) 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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/26 Rpt: 8/34	AFC Victory Fund 00088032
4 Date	5 Payee name
04/17/2024	936 Media
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15,000.00	1050 Johnnie Dobbs Blvd
	Ste. 2414
Expenditure from corporate funds	Mount Pleasant, SC 29465
8 PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Research
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/23/2024	American Federation for Children Inc-Georgia Leg. IE Cmte.
Amount (\$)	Payee address; City; State; Zip Code
\$125,000.00	10440 Little Patuxent Pkwy
\$125,000.00	
Expenditure from	Ste. 300-343
corporate funds	Columbia, MD 21044
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	1 ontical contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	· ·
Date	Payee name
04/20/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$40.30	1340 Poydras St
	Ste. 1770
Expenditure from corporate funds	New Orleans, LA 70112
<u>'</u>	To a second seco
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Online Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>⊣</b>

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	OTTLN (chief a calegory flot listed above)	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Fi	ilers)
Sch: 2/26 Rpt: 9/34	AFC Victory Fund		00088032	,
4 Date	5 Payee name	-		
04/08/2024	CP Strategies LLC			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$3,000.00	1327 H ST			
	Ste 303			
Expenditure from corporate funds	Lincoln, NE 68508			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Consulting Expense		outside of Texas. Complete Schedule T.  TX, officeholder living expense	
		Strategic cons		
		a alogie cons		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u>	Office held	
expenditure to benefit C/Ol		agrit	Office field	
Data				
Date	Payee name			
04/12/2024	Camelback Strategy Group			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$9,482.90	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	ı <u>—</u>	outside of Texas. Complete Schedule T.	
E/11 E1191. C. (_			TX, officeholder living expense	
		IE-Direct Mair	-Oppose Gary VanDeaver	
Complete ONLY if direct	Condidate/Officeholder name Office on	Laht	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou VanDeaver, Gary State Re	ugnt epresentative Distri		
Date	Payee name			
04/12/2024	Camelback Strategy Group			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$9,874.57	2801 E Camelback Rd			
- Cynanditura fram	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 o	outside of Texas. Complete Schedule T.	
EXPENDITORE			TX, officeholder living expense	
		IE-Direct Mail	Oppose DeWayne Burns	
		<u></u>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou		Office held	
experience to benefit even	Burns, DeWayne State Re	epresentative Distri	CT 58	

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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	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: 3/26 Rpt: 10/34	AFC Victory Fund 00088032
4 Date	5 Payee name
04/12/2024	Camelback Strategy Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6,140.84	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 Jeff Barry
	in Birect Wall Oppose Jell Bally
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/12/2024	Camelback Strategy Group
Amount (\$)	Payee address; City; State; Zip Code
\$9,190.11	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 Justin Holland
	ie-bliect Maii-Oppose Justin Holianu
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/12/2024	Camelback Strategy Group
Amount (\$)	Payee address; City; State; Zip Code
\$8,286.80	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
	iE-birect Mair-Oppose 30th Ruempel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	·

#### SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gi

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/\	Wages/	Contract Labor		OTHER (enter a	strict category not listed above)
4. Tatal manua Cabadula E4.	la ellebaland		cxpiains now to co	Jiiipic.	1	_	Ell- ID	(Fabine Commission Filess)
1 Total pages Schedule F1:	1					3	Filer ID	(Ethics Commission Filers)
Sch: 4/26 Rpt: 11/34	AFC Victory	Fund					00088032	
4 Date	5 Payee name							
04/19/2024	Camelback	Strategy Group						
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
\$7,279.22	2801 E Car	nelback Rd						
	Ste 200							
Expenditure from corporate funds	Phoenix, A	7 85016						
	· .			14.5				
8 PURPOSE OF		ee Categories listed at the to	pp of this schedule)	(D)	Description  Charle if travel of	outoi	do of Toyon Com	plete Schedule T.
EXPENDITURE	Advertising	Expense			<b>=</b>		officeholder living	
				l '	□ IE-Direct Mail			
							, ,	
9 Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ught			Office he	eld
expenditure to benefit C/OI	<sup>H</sup> VanDeaver,	Gary	State Re	pres	entative Distri	ict (	01	
Date	Payee name							
04/19/2024	l	Strategy Group						
			State: Zin Co	o d o				
Amount (\$)	Payee addre		State; Zip Co	bue				
\$7,319.64	2801 E Car	пеграск ки						
Expenditure from	Ste 200							
corporate funds	Phoenix, A	2 85016						
PURPOSE	(a) Category (S	ee Categories listed at the to	pp of this schedule)	(b)	Description			
OF EXPENDITURE	Advertising				<u> </u>			plete Schedule T.
EXI ENDITORE					<b>_</b>		officeholder living	
					IE-Direct Mail	ΙΟĮ	ppose DeW	ayne Burns
				<u> </u>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	ceholder name	Office sou	•			Office h	eld
experientare to benefit ever	Burns, DeWa	ayne 	State Re	pres	entative Distri	ict :	58 	
Date	Payee name							
04/19/2024	Camelback	Strategy Group						
Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
\$5,086.75	2801 E Car	nelback Rd						
	Ste 200							
Expenditure from corporate funds	Phoenix, A	7 85016						
PURPOSE				(h)	Description			
OF	Advertising	ee Categories listed at the to	pp of this schedule)	(0)	Description  Check if travel of	outsi	de of Texas, Com	plete Schedule T.
EXPENDITURE	Auvertising	Expense			<b>-</b>		officeholder living	
				'	□ IE-Direct Mail			
Complete ONLY if direct		ceholder name	Office sou	ught			Office he	eld
expenditure to benefit C/OI	<sup>H</sup> Barry, Jeff		State Re	pres	entative Distri	ict 2	29	

#### 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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 5/26 Rpt: 12/34	AFC Victory Fund	00088032
4 Date	5 Payee name	
04/19/2024	Camelback Strategy Group	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$7,063.08	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 Justin Holland
		The second secon
9 Complete ONLY if direct	Candidate/Officeholder name Office so	L ought Office held
expenditure to benefit C/OI		epresentative District 33
Date		
04/19/2024	Payee name Camelback Strategy Group	
	•, .	
Amount (\$)	Payee address; City; State; Zip C	Code
\$6,394.55	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 John Kuempel
		The Bridge man oppose some recompany
Complete ONLY if direct	Candidate/Officeholder name Office so	L ought Office held
expenditure to benefit C/OI		epresentative District 44
Date	Payas nama	·
04/25/2024	Payee name Camelback Strategy Group	
		2-4-
Amount (\$)	Payee address; City; State; Zip C	;ode
\$9,484.42	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 Gary VanDeaver
Complete ONLY if direct	Candidate/Officeholder name Office so	L Dught Office held
expenditure to benefit C/OI		epresentative District 01
	<u>-</u>	<u>·</u>

#### SCHEDULE F1

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 6/26 Rpt: 13/34	2 FILER NAME AFC Victory Fund  3 Filer ID (Ethics Commission Filers) 00088032
4 Date 04/25/2024	5 Payee name Camelback Strategy Group
6 Amount (\$) \$9,626.83 Expenditure from	7 Payee address; City; State; Zip Code 2801 E Camelback Rd Ste 200
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 DeWayne Burns
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Burns, DeWayne State Representative District 58
Date 04/25/2024	Payee name Camelback Strategy Group
Amount (\$) \$6,143.11	Payee address; City; State; Zip Code 2801 E Camelback Rd Ste 200
Expenditure from corporate funds	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 Jeff Barry
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Barry, Jeff State Representative District 29
Date 04/25/2024	Payee name Camelback Strategy Group
Amount (\$) \$9,192.37  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 Justin Holland
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Holland, Justin State Representative District 33

#### SCHEDULE F1

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

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

Expense Travel in District

Expense Travel Out of District

NAME OF TRAVEL O

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: 7/26 Rpt: 14/34	AFC Victory Fund 00088032
4 Date	5 Payee name
04/25/2024	Camelback Strategy Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8,039.07	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 John Kuempel
	ile-bilect Mail Oppose 30111 Nachipel
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/15/2024	Camelback Strategy Group
Amount (\$)	Payee address; City; State; Zip Code
\$9,235.93	2801 E Camelback Rd
- Evenanditura 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
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	IE-Direct Mail Oppose Gary VanDeaver
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	VanDeaver, Gary State Representative District 01
Date	Payee name
04/15/2024	Camelback Strategy Group
Amount (\$)	Payee address; City; State; Zip Code
\$9,629.09	2801 E Camelback Rd
Formani (Co. Co.	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 DeWayne Burns
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2 2	Burns, DeWayne State Representative District 58

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 8/26 Rpt: 15/34	2 FILER NAME AFC Victory Fund 3 Filer ID (Ethics Commission Filers) 00088032
<b>4</b> Date 04/15/2024	5 Payee name Camelback Strategy Group
6 Amount (\$) \$6,168.74  Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2801 E Camelback Rd 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 Jeff Barry
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  H Barry, Jeff State Representative District 29
Date 04/15/2024	Payee name Camelback Strategy Group
Amount (\$) \$9,194.62  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 Justin Holland
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Holland, Justin State Representative District 33
Date 04/15/2024	Payee name Camelback Strategy Group
Amount (\$) \$8,291.33  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 John Kuempel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  H Kuempel, John State Representative District

#### 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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 9/26 Rpt: 16/34	AFC Victory Fund 00088032
4 Date	5 Payee name
04/03/2024	Chase Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$85.00	8111 Preston Rd, 2nd Fl.
Expenditure from corporate funds	Dallas, TX 75225
<u> </u>	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Bank Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/12/2024	Club for Growth Action
Amount (\$)	Payee address; City; State; Zip Code
\$100,000.00	2001 L ST NW
	Ste 600
Expenditure from corporate funds	Washington, DC 20036
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
04/22/2024	Cygnal
Amount (\$)	Payee address; City; State; Zip Code
\$49,500.00	90017th St NW
Expenditure from	Ste 950
corporate funds	Washington, DC 20006
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to benefit 0/01	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

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

Candidate/Officeholder/Politica Credit Card Payment		ges/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/26 Rpt: 17/34	AFC Victory Fund	00088032
4 Date	5 Payee name	
03/29/2024	Deep Root Analytics LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	e
\$190,000.00	3100 Clarendon Blvd	
	Ste. 900	
Expenditure from corporate funds	Arlington, VA 22201	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
_/		Check if Austin, TX, officeholder living expense
		Research
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
Date	Payee name	
04/17/2024	Direct Edge Campaigns LLC	
Amount (\$)	Payee address; City; State; Zip Code	<del>,</del>
\$7,095.39	2000 Glen Echo Rd	
	Ste. 207a	
Expenditure from corporate funds	Nashville, TN 37215	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Direct Mail-Non TX Activity
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
Date	Payee name	
04/19/2024	Direct Edge Campaigns LLC	
Amount (\$)	Payee address; City; State; Zip Code	9
\$6,029.37	2000 Glen Echo Rd	
	Ste. 207a	
Expenditure from corporate funds	Nashville, TN 37215	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Direct Mail-Non TX Activity
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
experiulture to beliefit G/OFI		

#### 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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 11/26 Rpt: 18/34	AFC Victory Fund 00088032	
4 Date	5 Payee name	
04/22/2024	Direct Edge Campaigns LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$6,029.37	2000 Glen Echo Rd	
— Forestitus from	Ste. 207a	
Expenditure from corporate funds	Nashville, TN 37215	
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	
	Direct Mail-Non TX Activity	
	Bilect Mail Noti 17/ Netwity	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	H	
Date	Payee name	
04/08/2024	Drogin Group	
Amount (\$)	Payee address; City; State; Zip Code	
\$18,500.00	6705 W Hwy 290	
,	Ste 50281	
Expenditure from corporate funds	Austin, TX 50281	
		_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Strategic consulting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	
04/17/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$33,300.00	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.	
LAFLINDITURE	Check if Austin, TX, officeholder living expense	
	Media Buy-Non TX Activity	
Complete ONLY & direct	Condidate/Officeholder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
•		

#### 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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	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: 12/26 Rpt: 19/34	AFC Victory Fund	00088032
4 Date	5 Payee name	
04/18/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$51,600.00	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 Ads-Oppose Gary VanDeaver
		ic-bigital Aus-Oppose Gary Varibeaver
O Committee ONII V if allowed	O and idea to 10ff and add an array	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	•
<u> </u>	<sup>1</sup> VanDeaver, Gary State R	representative District 01
Date	Payee name	
04/18/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	Code
\$51,600.00	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 Jeff Barry
		IE-Digital Aus-Oppose Jell Daily
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/OI		representative District 29
•	Barry, Jen State K	epresentative district 29
Date	Payee name	
04/18/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	Code
\$51,600.00	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
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-Digital Ads-Oppose Justin Holland
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OH Holland, Justin State Representative District 33		

#### 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

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 13/26 Rpt: 20/34	AFC Victory Fund	00088032	
4 Date	5 Payee name		
04/18/2024	Flexpoint Media Inc		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$51,600.00	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.	
EN EIDI. C.		Check if Austin, TX, officeholder living expense IE-Digital Ads-Oppose John Kuempel	
		IE-Digital Aus-Oppose sonii Ruempei	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Upught Office held	
expenditure to benefit C/OF	1	Representative District 44	
Date	Payee name		
04/18/2024	Flexpoint Media Inc		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$51,600.00	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 DeWayne Burns	
	1		
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held	
expenditure to benefit C/OF	H Burns, DeWayne State R	Representative District 58	
Date	Payee name		
04/19/2024	Flexpoint Media Inc		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$650.28	PO Box 1051		
Expenditure from	1		
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 Gary VanDeaver	
	1	12 - 19 17	
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held	
expenditure to benefit C/OF	expenditure to benefit C/OH VanDeaver, Gary State Representative District 01		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing 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	o complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/26 Rpt: 21/34	AFC Victory Fund	00088032
4 Date	5 Payee name	
04/19/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$747.12	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 Jeff Barry
		3
9 Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/O	1	Representative District 29
Data		
Date	Payee name	
04/19/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip	Code
\$846.84	PO Box 1051	
Evponditure from		
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.
EXPENDITORE	- 1	Check if Austin, TX, officeholder living expense
		IE-Digital Ads Oppose Justin Holland
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
experience to benefit of or	<sup>1</sup> Holland, Justin State	Representative District 33
Date	Payee name	
04/19/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip	Code
\$614.40	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
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-Digital Ads Oppose John Kuempel
Complete ONLY if direct		sought Office held
expenditure to benefit C/OI	H Kuempel, John State	Representative District 44

#### 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

Candidate/Officenoider/Politica 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: 15/26 Rpt: 22/34	AFC Victory Fund 00088032	
4 Date	5 Payee name	
04/19/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$732.48	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 Ads Oppose DeWayne Burns	
	in Digital Auto Oppose Device, in Danie	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Data		_
Date	Payee name	
04/19/2024	Flexpoint Media Inc	_
Amount (\$)	Payee address; City; State; Zip Code	
\$11,898.00	PO Box 1051	
Expenditure from	Alberta OU 400E4	
corporate funds	Albany, OH 43054	$\Box$
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	
	Digital Ads-Non TX Activity	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
Date	Payee name	=
04/22/2024	Flexpoint Media Inc	
	·	
Amount (\$)	Payee address; City; State; Zip Code	
\$733.52	PO Box 1051	
Expenditure from 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 Gary VanDeaver	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH VanDeaver, Gary State Representative District 01		
		_

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising 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

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 16/26 Rpt: 23/34	AFC Victory Fund	00088032	
4 Date	5 Payee name		
04/22/2024	Flexpoint Media Inc		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$798.08	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 Jeff Barry	
9 Complete ONLY if direct	Candidate/Officeholder name Office s	sought Office held	
expenditure to benefit C/OI	H Barry, Jeff State F	Representative District 29	
Date	Payee name		
04/22/2024	Flexpoint Media Inc		
Amount (\$)	Payee address; City; State; Zip	Code	
\$864.56	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	
		3	
Complete ONLY if direct	Candidate/Officeholder name Office s	sought Office held	
expenditure to benefit C/OI	Holland, Justin State F	Representative District 33	
Date	Payee name		
04/22/2024	Flexpoint Media Inc		
Amount (\$)	Payee address; City; State; Zip	Code	
\$709.60	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 John Kuempel	
		12 2 g.m. 1 do 9 pp 000 t 1 1	
Complete ONLY if direct	Candidate/Officeholder name Office s	sought Office held	
expenditure to benefit C/OI	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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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: 17/26 Rpt: 24/34	AFC Victory Fund	00088032	
4 Date	5 Payee name	<u> </u>	
04/22/2024	Flexpoint Media Inc		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$788.32	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.	
EXPENDITORE		Check if Austin, TX, officeholder living expense	
		IE-Digital Ads Oppose DeWayne Burns	
• • · · · · · · · · · · · · · · · · · ·	0.5		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so  H Burns, DeWayne State Ro	ught Office held epresentative District 58	
	Bullis, Dewaylie State Ri	epresentative District 56	
Date	Payee name		
04/23/2024	Flexpoint Media Inc		
Amount (\$)	Payee address; City; State; Zip C	rode	
\$11,500.00	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 Gary Van Deaver	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/OI		epresentative District 01	
Date	Payee name		
04/23/2024	Flexpoint Media Inc		
Amount (\$)	Payee address; City; State; Zip C	rode	
\$10,000.00	PO Box 1051		
,,,			
Expenditure from corporate funds	Albany, OH 43054		
PURPOSE	·	(h) Description	
OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
		IE-Digital Ads Oppose Jeff Barry	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held	
expenditure to benefit C/OH Barry, Jeff State Representative District 29			

#### 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/26 Rpt: 25/34	AFC Victory Fund	00088032
4	Date	5 Payee name	<b>I</b>
	04/23/2024	Flexpoint Media Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10,750.00	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 Ads Oppose Justin Holland
			TE Digital 743 Oppose sustili Holland
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
•	expenditure to benefit C/O		sentative District 33
	Date	·	
	04/23/2024	Payee name	
		Flexpoint Media Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,750.00	PO Box 1051	
Г	Expenditure from	All OLL 1005.1	
<u></u>	corporate funds	Albany, OH 43054	
	PURPOSE OF	,	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			IE-Digital Ads Oppose John Kuempel
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H Kuempel, John State Repres	sentative District 44
	Date	Payee name	
	04/23/2024	Flexpoint Media Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,750.00	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 DeWayne Burns
			g.ca., do Opposo Dovicyno Dumo
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH  Burns, DeWayne  State Representative District 58		
		. ,	

#### 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

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 19/26 Rpt: 26/34	AFC Victory Fund	00088032	
4 Date	5 Payee name		
04/24/2024	Flexpoint Media Inc		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$1,983.00	PO Box 1051		
Expenditure from corporate funds	Albany, OH 43054		
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-Digtal Ads Support Lynn Stucky	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	-	
experialture to benefit C/Or	State R	Representative District 64	
Date	Payee name		
04/24/2024	Flexpoint Media Inc		
Amount (\$)	Payee address; City; State; Zip (	Code	
\$1,983.00	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-Digtial Ads Support Stephanie Klick	
Complete ONLY if direct	Candidate/Officeholder name Office so		
expenditure to benefit C/OI	<sup>1</sup> Klick, Stephanie State R	Representative District 91	
Date	Payee name		
04/25/2024	Flexpoint Media Inc		
Amount (\$)	Payee address; City; State; Zip (	Code	
\$544.86	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 Gary VanDeaver	
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held	
expenditure to benefit C/OH VanDeaver, Gary State Representative District 01			

#### 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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 20/26 Rpt: 27/34	AFC Victory Fund 00088032
4 Date	5 Payee name
04/12/2024	Go Big Media
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$77,000.00	PO Box 25026
Expenditure from corporate funds	Washington, DC 20027
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Digital Ads-NON TX Activity
• • • • • • • • • • • • • • • • • • • •	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/22/2024	Gober Group PLLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,370.00	PO Box 341016
Expenditure from corporate funds	Austin, TX 78734
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Legal Services  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Legal Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/12/2024	Idaho Federation for Children
Amount (\$)	Payee address; City; State; Zip Code
\$400,000.00	10440 Little Patuxent Pkwy
	Ste. 300-343
Expenditure from corporate funds	Columbia, MD 21044
PURPOSE	· · · · · · · · · · · · · · · · · · ·
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder living expense
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### 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	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: 21/26 Rpt: 28/34	AFC Victory Fund			00088032		
4 Date	5 Payee name					_
03/29/2024	JMC Enterprises of Louisiana					
6 Amount (\$)	7 Payee address; City; State; Zip Co	de				_
\$26,000.00	1025 Chippenham Dr.					
Expenditure from corporate funds	Baton Rouge, LA 70808					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	ription			_
OF EXPENDITURE	Polling Expense			de of Texas. Com	plete Schedule T.	
EXPENDITORE				officeholder living	g expense	
		Rese	earcn			
O Commission ONLL V if disease	Condidate/Officeholder some	a la t		Office le	ماما	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnı		Office he	eia	
						_
Date	Payee name					
04/18/2024	JMC Enterprises of Louisiana					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$4,500.00	1025 Chippenham Dr.					
Expenditure from						
corporate funds	Baton Rouge, LA 70808					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descr				
EXPENDITURE	Consulting Expense			de of Texas. Com officeholder living	nplete Schedule T.	
		Rese		omeenoider iiving	у схренае	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld	_
expenditure to benefit C/O	1					
Date	Payee name					
04/23/2024	Liberty House Consulting					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$3,000.00	2920 San Gabriel Dr.					
Expenditure from corporate funds	Brookfield, WI 53005					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descr	rintion			
OF	Consulting Expense			de of Texas. Com	pplete Schedule T.	
EXPENDITURE	<u> </u>			officeholder living	g expense	
		Media	a Consultin	g		
0 1. 6						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght		Office he	ela	

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 22/26 Rpt: 29/34	AFC Victory Fund	00088032
4 Date	5 Payee name	<u>.</u>
04/12/2024	MB Public Affairs Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$20,347.40	1415 L ST #1260	
Expenditure from		
corporate funds	Sacramento, CA 95814	
8 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
		research
9 Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt Office held
expenditure to benefit C/O		
Date	Payee name	
04/17/2024	Percipient Strategies	
Amount (\$)	Payee address; City; State; Zip Code	9
\$5,100.00	PO Box 71613	
Expenditure from corporate funds	Washington, DC 20024	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Research
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O	<b>п</b>	
Date	Payee name	
04/08/2024	Pierson, Christopher	
Amount (\$)	Payee address; City; State; Zip Code	е
\$3,500.00	990 SE Rosewood Dr	
Expenditure from		
corporate funds	Waukee, IA 50263	
PURPOSE OF	,	b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Data Services
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O	H	

#### SCHEDULE F1

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

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District 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: 23/26 Rpt: 30/34 AFC Victory Fund 00088032 4 Date Payee name 04/24/2024 Rust, Lindsey 6 Amount (\$) Payee address; City; State; Zip Code 10440 Little Patuxent Pkwy \$182.00 Ste. 300-343 Expenditure from Columbia, MD 21044 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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PO Box Rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/17/2024 Texas Federation for Children PAC Amount (\$) Payee address; City; State; Zip Code \$40,000.00 10440 Little Patuxent Pkwy Ste 300-343 Expenditure from Columbia, MD 21044 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Political Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/19/2024 Texas Federation for Children PAC Amount (\$) Payee address: City: State; Zip Code \$15,000.00 10440 Little Patuxent Pkwy Ste 300-343 Expenditure from Columbia, MD 21044 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. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Political Contribution Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

#### SCHEDULE F1

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

Event Expense
Fees
Fees
Food/Beverage Expense
Gitt/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	nplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 24/26 Rpt: 31/34	AFC Victory Fund	00088032
4 Date	5 Payee name	
04/24/2024	The Lukens Company	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$36,418.87	2800 Shirlington Rd	
	Ste. 900	
Expenditure from corporate funds	Arlington, VA 22206	
8 PURPOSE	,	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Direct Mail-NON TX Activity
		2.100t
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/Ol		gnt Onice neid
Data		
Date	Payee name	
04/12/2024	The Lukens Company	
Amount (\$)	Payee address; City; State; Zip Co	de
\$27,519.30	2800 Shirlington Rd	
Expenditure from	Ste. 900	
corporate funds	Arlington, VA 22206	
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 LIIDITORE		Check if Austin, TX, officeholder living expense
		Direct Mail-NON TX Activity
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
04/24/2024	Thomas Graphics Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$9,796.34	PO Box 14226	
- "		
Expenditure from corporate funds	Austin, TX 78714	
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-Digital Ads-Support Lynn Stucky
Complete ONLY if direct	Candidate/Officeholder name Office sou	
expenditure to benefit C/O	1 Stucky, Lynn State Rep	presentative District 64

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District 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: 25/26 Rpt: 32/34 AFC Victory Fund 00088032 4 Date Payee name 04/24/2024 Thomas Graphics Inc. 6 Amount (\$) Payee address; City; State; Zip Code PO Box 14226 \$6,427.13 Expenditure from Austin, TX 78714 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-Digital Ads Support Stephanie Klick Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klick, Stephanie State Representative District 91 Date Payee name 03/29/2024 Uptown Solutions LLC Amount (\$) Payee address; City; State; Zip Code \$1,000.00 2414 19th St NW #34 Expenditure from Х Washington, DC 20009 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. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Strategic Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/25/2024 Uptown Solutions LLC Amount (\$) Payee address: City: State; Zip Code \$1,000.00 2414 19th St NW #34 Expenditure from Χ corporate funds Washington, DC 20009 **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** Check if Austin, TX, officeholder living expense Strategic Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Polling Expense Printing Expense Salaries/Wages/Contract Lab ins how to complete this form		Travel in District Travel Out of Dis OTHER (enter a	rict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	<u> </u>	·		Filer ID	(Ethics Commission Filers)
	Sch: 26/26 Rpt: 33/34	AFC Victor				00088032	(,
4	Date	5 Payee name	<del></del>				
	04/08/2024	Vantage R					
6	Amount (\$)	7 Payee addre	ess; City; St	ate; Zip Code			
	\$7,695.00	PO Box 34	0836				
	Expenditure from corporate funds	Austin, TX	78734				
8	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the top of this Expense	Check if	f travel outsi f Austin, TX,	de of Texas. Comp	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought		Office he	ld

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) 00088032 Sch: 1/1 Rpt: 34/34 AFC Victory Fund \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 03/26/2024 American Federation for Children Inc. Amount (\$) Payee address; City; State; Zip Code 10440 Little Patuxent Pkwy \$48,242.59 Ste. 300-343 Expenditure from Columia, MD 21044 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Usage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH