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** 06/05/2024 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 September 5 December 5 March 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2024 05/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

							$\overline{}$
2 COMMITTEE NAME					13 Filer ID	•	rs)
AFC Victory Fund					000880	032	
ACTIVITY (Identify	andidates fy by name or, if able, classify by party.)	A. Supported	Lynn Stucky	State Represent	ative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
(Descri	leasures ibe by date and location tion and nature of issue.)	A. Supported					
		B. Opposed					
As (Identif	officeholders ssisted fy by name or, if table, classify by party.)						
				OTHER THAN	<u> </u>		
TOTALS PI	OTAL UNITEMIZED LEDGES, LOANS, (ONTRIBUTIONS M neck here if this report	OR GUARANT IADE ELECTR	TEES OF LOANS, ONICALLY)	OR	\$		0.00
	OTAL POLITICA	•			\$	04.00	
(C	OTHER THAN PLE	DGES, LOANS	, OR GUARANTE	ES OF LOANS)	*	31,88	34.66
EXPENDITURE 3. TO TOTALS	OTAL UNITEMIZED	D POLITICAL E	EXPENDITURES		\$		0.00
4. To	OTAL POLITICA	L EXPENDIT	TURES		\$	1,769,67	76.84
	OTAL POLITICAL OF THE REPORTING		NS MAINTAINED	AS OF THE LAST	DAY \$	3,939,68	38.01
l l	OTAL PRINCIPAL A AST DAY OF THE F			G LOANS AS OF	THE \$		0.00
6 AFFIDAVIT					<u> </u>		
			I swear, or affirm, true and correct ar under Title 15, Ele	nd includes all info	erjury, that t rmation req	the accompanying report is uired to be reported by me	
				Lisa	Lisker		
		,		Signature of Ca	ampaign Tre	easurer	
AFFIX NOTARY STAM	IP / SEAL ABOVE						
Sworn to and subscribed before	me by the said			t	this the	day	
of, 20						day	
Signature of officer administe	ering oath	Printed name	of officer administe	ering oath	Title of	f officer administering oath	-

FORM MPAC **ADDENDUM**

					Page 3 of 57
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.)		Stephanie Klick State Represer	ntative	
(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.)				
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	Gary VanDeaver State Represe	entative	
	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	DeWayne Burns State Represe	ntative	
	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.)				

FORM MPAC ADDENDUM

						Page 4 of 57
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				
	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 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.)					
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.)					

FORM MPAC ADDENDUM

						Page 5 of 57
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	David Lowe S	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.)		Alex Kamkar	State Representa	tive	
(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.)		Helen Kerwin	State Representa	ative	
(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.)					

FORM MPAC ADDENDUM

									age 6 of 57
12 COMMITTEE NAME							13 Filer ID	(Ethics Comm	nission Filers)
AFC Victory Fund							00088032		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		orted	Katrina Pierso	n State Re _l	presenta	ative		
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	osed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted						
		В. Орро	osed						
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Alan Schoolcra	aft State Re	epresen	tative		
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	osed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted						
		В. Орро	osed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Chris Spencer	State Rep	resentat	tive		
(Attach lists on plain paper to complete this report if necessary.)		В. Орро	osed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supp							
		В. Орро	osed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		7 of 57
	Filer ID (Et	thics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	35.54
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. X SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	2,500.00
5. X SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION LABOR ORGANIZATION	N OR \$	29,349.12
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZ	ZATION \$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORG	SANIZATION \$	
9. SCHEDULE E: LOANS	\$	
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,769,676.84
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	URNED \$	100,000.00

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 8/57
2	FILER NAME			3	Filer ID (Ethics Commission Filers) 00088032
4	Date 05/14/2024	Full name of contributor)		Amount of Contribution (\$) \$35.54
		Austin, TX 78767			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ıs)	

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instru	cti	on Guide explains how to complete this form.	1	Total pages Schedule C1: Sch: 1/1 Rpt: 9/57
2	2 FILER NAME			3	Filer ID (Ethics Commission Filers)
l	AFC Victory Fund				00088032
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)
l	05/20/2024		Bennett Ventures LP		\$2,500.00
		6	Corporation / Labor Organization address; City; State; Zip Code	1	
l					
			Austin, TX 78746		

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE	C2
SCHEDULE	

	The I	nstruction Guide explains how to complete this form.		1 Total pages Schedule C2: Sch: 1/1 Rpt: 10/57				
FI	LER NAME		3	Filer ID (Eth	ics Commission Filers)			
Al	FC Victory	Fund		00088032				
Da	ate 5/25/2024	5 Corporation / Labor Organization name American Federation for Children Inc.	7	Amount of contribution(\$) \$29,349.12	8 In-kind contribution description In Kind-Staff Time			
		6 Corporation / Labor Organization address; City; State; Zip Code		Ψ23,043.12	iii kiila Stali tiille			
		Columbia, MD 21044		Check if travel outs	ide of Texas. Complete Schedule T.			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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: 1/46 Rpt: 11/57	AFC Victory Fund O0088032
4 Date	5 Payee name
05/15/2024	936 Media
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15,000.00	1050 Johnnie Dobbs Blvd
	Ste. 2414
Expenditure from	Mount Pleasant, SC 29465
corporate funds	Would Fleasail, 3C 29403
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/30/2024	American Federation for Children Inc.
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$48,242.59	10440 Little Patuxent Pkwy
Expenditure from	Ste. 300-343
corporate funds	Columia, MD 21044
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
	Staff Support
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/23/2024	Baptist Ministers Association of Houston & Vicinity PAC
03/23/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	7817 Calhoun Rd
Expenditure from corporate funds	Houston, TX 77033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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			Printing Exp Salaries/Wa		e Travel Out of District //Contract Labor OTHER (enter a category not listed above)				
	Credit Card Payment		The Instruction Guide explains ho	w to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 2/46 Rpt: 12/57	4	AFC Victory Fund			00088032				
4	Date	5	Payee name			•				
	05/16/2024		Baptist Ministers Association of Houston	& Vicir	nity	PAC				
6	Amount (\$)	7	Payee address; City; State; 2	Zip Cod	de					
	\$10,000.00	'	7817 Calhoun Rd							
	Expenditure from corporate funds		Houston, TX 77033							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made By			Check if travel outside of Texas. Complete Schedule T.				
	EXI ENDITORE	'	Candidate/Officeholder/Political Committe	ee		Check if Austin, TX, officeholder living expense				
						Contribution				
9	Complete ONLY if direct	<u> </u>	andidate/Officeholder name Offi	ice soug	ht	Office held				
	expenditure to benefit C/O		dididate/Officeriolder Harrie Offi	ice soug	JIII.	Office field				
	Date		Payee name							
	05/06/2024	'	CP Strategies LLC							
	Amount (\$)		Payee address; City; State; Z	Zip Coo	de					
	\$3,000.00	:	1327 H ST							
_	■ Evpanditura from	:	Ste 303							
L	Expenditure from corporate funds		Lincoln, NE 68508							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Consulting Expense			Check if travel outside of Texas. Complete Schedule T.				
						Check if Austin, TX, officeholder living expense Strategic Consulting				
						Strategie Consulting				
	Complete ONLY if direct		andidate/Officeholder name Offi	ice soug	ht	Office held				
	expenditure to benefit C/OI				, -					
	Date	ı	Payee name							
	05/02/2024		Camelback Strategy Group							
	Amount (\$)		Payee address; City; State; 2	Zip Cod	de					
	\$8,884.42	:	2801 E Camelback Rd							
_	T Expenditure from	:	Ste 200							
	corporate funds		Phoenix, AZ 85016							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE	4	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		andidate/Officeholder name Offi	ice soug	ht	Office held				
	expenditure to benefit C/O	H V		_		sentative District 01				

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

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: 3/46 Rpt: 13/57	AFC Victory Fund 00088032
4 Date	5 Payee name
05/02/2024	Camelback Strategy Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$9,276.83	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 DeWayne Burns
	ile Birect Waii Oppose Bevvayile Bullis
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/02/2024	Camelback Strategy Group
Amount (\$)	Payee address; City; State; Zip Code
\$6,259.78	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 Jeff Barry
	iE-bilect Mail-Oppose Jeff Barry
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
05/02/2024	Camelback Strategy Group
Amount (\$)	Payee address; City; State; Zip Code
\$8,592.37	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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	Ciato Noprodomanto Dioniol do

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: 4/46 Rpt: 14/57	AFC Victory Fund	00088032
4 Date	5 Payee name	•
05/02/2024	Camelback Strategy Group	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$7,689.07	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 John Keumpel
		IL-Direct Mail Oppose contributions
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI	1	epresentative District 44
Date	Payee name	
05/06/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$17,939.47	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 Gary VanDeaver
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	uaht Office held
expenditure to benefit C/OI		epresentative District 01
Data	· · · · · · · · · · · · · · · · · · ·	presentative District 61
Date 05/06/2024	Payee name	
	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$9,276.83	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 Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense
		IE-Direct Mail Oppose DeWayne Burns
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/OI	H Burns, DeWayne State Re	epresentative District 58

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 co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/46 Rpt: 15/57	AFC Victory Fund	00088032
4 Date	5 Payee name	•
05/06/2024	Camelback Strategy Group	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$6,259.78	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 Jeff Barry
		12-birect Mail Oppose Sell Bally
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held
expenditure to benefit C/OI	I.	epresentative District 29
Date	Payee name	
05/06/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip Ci	ode
\$8,592.37	2801 E Camelback Rd	
70,00=101	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 Justin Holland
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	-
	Holland, Justin State Re	presentative District 33
Date	Payee name	
05/06/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$7,689.07	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
		a 2 mass man oppose som masmpe.
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI	1	epresentative District 44

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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	I Committee	Legal Services The Instruction Guide	Salaries	/Wages/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 6/46 Rpt: 16/57	AFC Victory	Fund			00088032	
4 Date	5 Payee name					
05/10/2024	Camelback	Strategy Group				
6 Amount (\$)	7 Payee addres	ss; City;	State; Zip C	Code		
\$9,880.00	2801 E Can	nelback Rd				
— Forest diture from	Ste 200					
Expenditure from corporate funds	Phoenix, Az	2 85016				
8 PURPOSE OF	(a) Category (Se	ee Categories listed at the to	op of this schedule)	(b) Description		
EXPENDITURE	Advertising	Expense			outside of Texas. Comp , TX, officeholder living	
				ı —	Oppose Gary	
				le biioot maii	oppose sury	vanboavon
9 Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u>I</u> ught	Office he	eld
expenditure to benefit C/OI	[−] VanDeaver, (Gary		epresentative Distri	ict 01	
Date	Payee name					
05/10/2024		Strategy Group				
Amount (\$)	Payee addres		State; Zip C	code		
\$7,920.96	2801 E Can					
¥1,020.00	Ste 200					
Expenditure from		7 05016				
corporate funds	Phoenix, AZ			Tax		
PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b) Description	outside of Toyon Com	olata Cahadula T
EXPENDITURE	Advertising	Expense		1 <u>–</u>	outside of Texas. Comp , TX, officeholder living	
				, ,	l Oppose DeWa	
Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught	Office he	eld
expenditure to benefit C/OI	H Burns, DeWa	iyne	State Re	epresentative Distri	ict 58	
Date	Payee name					
05/10/2024		Strategy Group				
Amount (\$)	Payee addres	ss; City;	State; Zip C	Code		
\$6,201.89	2801 E Can	nelback Rd				
	Ste 200					
Expenditure from corporate funds	Phoenix, AZ	z 85016				
PURPOSE	(a) Category (sa	ee Categories listed at the to	on of this schedule)	(b) Description		
OF EXPENDITURE	Advertising			I — '	outside of Texas. Com	plete Schedule T.
EXPENDITURE		•			, TX, officeholder living	·
				IE-Direct Mail	l Oppose Jeff B	arry
Complete CNII V if direct	Condidate /Cff	achalder name	O#:aa	l l	Office I-	Jd.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offi Barry, Jeff	cenduer name	Office so	ougnt epresentative Distri	Office he	eiu
	Daily, Jell		Sidle Ri	epresentative DISHI	IUL AJ	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 7/46 Rpt: 17/57	2 FILER NAME AFC Victory Fund 3 Filer ID (Ethics Commission Filers) 00088032
4 Date 05/10/2024	5 Payee name Camelback Strategy Group
6 Amount (\$) \$9,444.57 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016
8 PURPOSE	1
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/Oh	Candidate/Officeholder name Office sought Holland, Justin Office held State Representative District 33
Date 05/10/2024	Payee name Camelback Strategy Group
Amount (\$) \$8,105.09	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 John Kuempel
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Kuempel, John State Representative District 44
Date 05/14/2024	Payee name Camelback Strategy Group
Amount (\$) \$8,884.42 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 Gary VanDeaver
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held VanDeaver, Gary State Representative District 01

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Service		Expense Wages/Contract Labor	OTHER (enter a	category not listed above)
		ction Guide explains now to c	ompiete triis form.	1	
1 Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
Sch: 8/46 Rpt: 18/57	AFC Victory Fund			00088032	
4 Date	5 Payee name				
05/14/2024	Camelback Strategy	Group			
6 Amount (\$)	7 Payee address; Cit		ohe		
\$9,501.83	2801 E Camelback F	•	ouc		
φ9,301.03		.u			
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. Com	plete Schedule T.
EXPENDITORE			. —	n, TX, officeholder living	
			IE-Direct Mai	il Oppose DeW	ayne Burns
9 Complete ONLY if direct	Candidate/Officeholder r	ame Office so	ught	Office he	eld
expenditure to benefit C/OI	Burns, DeWayne	State Re	epresentative Distr	rict 58	
Date	Payee name				
05/14/2024	Camelback Strategy	Group			
Amount (\$)	Payee address; Cit		ode		
\$6,259.78	2801 E Camelback F	Rd			
- Evenanditura from	Ste 200				
Expenditure from corporate funds	Phoenix, AZ 85016				
PURPOSE	(a) Category (a. a. i. i.		(b) Description		
OF	(a) Category (See Categories Advertising Expense	listed at the top of this schedule)	I — ·	outside of Texas. Com	plete Schedule T.
EXPENDITURE	Advertising Expense		ı <u>—</u>	n, TX, officeholder living	
			IE-Direct Mai	il Oppose Jeff E	Barry
Complete ONLY if direct	Candidate/Officeholder r	ame Office so	uaht	Office he	eld
expenditure to benefit C/OI			epresentative Distr		
_	,,				
Date	Payee name				
05/14/2024	Camelback Strategy	Group			
Amount (\$)	Payee address; Cit	y; State; Zip C	ode		
\$8,592.37	2801 E Camelback F	Rd			
	Ste 200				
Expenditure from corporate funds	Phoenix, AZ 85016				
·			[a,		
PURPOSE OF	(a) Category (See Categories	listed at the top of this schedule)	(b) Description	cutaida of Tayon Com	plata Cahadula T
EXPENDITURE	Advertising Expense		ı <u>—</u>	outside of Texas. Com n, TX, officeholder living	
			_ _	il Oppose Justir	
			2300		
Complete CNII V if direct	Candidate/Officeholder	amo Office co	laht	Office be	old.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder r		_	Office he	tiu
	Holland, Justin	State Re	epresentative Distr	IUL 33	

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	Wages/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAMI				3 Filer ID	(Ethics Commission Filers)
Sch: 9/46 Rpt: 19/57	AFC Victor				00088032	
4 Date	5 Payee name					
05/14/2024	Camelback	Strategy Group				
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode		
\$7,914.07	2801 E Cai	nelback Rd				
	Ste 200					
Expenditure from corporate funds	Phoenix, A	Z 85016				
8 PURPOSE OF	(a) Category (S	ee Categories listed at the top	o of this schedule)	(b) Description		
EXPENDITURE	Advertising	Expense		ı <u>—</u>	outside of Texas. Comp , TX, officeholder living	
				ı <u>—</u>	l Oppose John	· ·
9 Complete ONLY if direct	Candidate/Off	ceholder name	Office so	<u> </u>	Office he	eld
expenditure to benefit C/OI	H Kuempel, Jo	hn		epresentative Distri	ict 44	
Date	Payee name					
05/15/2024	l ´	Strategy Group				
Amount (\$)	Payee addre		State: Zip C	ode		
\$8.493.81	2801 E Cai	•	этт, тр			
,,,,,,,,,	Ste 200					
Expenditure from	Phoenix, A	7 95016				
corporate funds				100		
PURPOSE OF		ee Categories listed at the top	o of this schedule)	(b) Description Check if travel of	outside of Texas. Comp	nlete Schedule T
EXPENDITURE	Advertising	Expense		1 -	, TX, officeholder living	
				IE-Direct Mail	l Oppose Gary	VanDeaver
Complete ONLY if direct		ceholder name	Office so	ught	Office he	eld
expenditure to benefit C/OI	^H VanDeaver,	Gary	State Re	epresentative Distri	ict 01	
Date	Payee name					
05/15/2024	Camelback	Strategy Group				
Amount (\$)	Payee addre	ss; City;	State; Zip C	ode		
\$7,701.86	2801 E Cai	nelback Rd				
	Ste 200					
Expenditure from corporate funds	Phoenix, A	Z 85016				
PURPOSE	(a) Category (s	ee Categories listed at the top	o of this schedule)	(b) Description		
OF EXPENDITURE	Advertising			Check if travel of	outside of Texas. Comp	
EXPENDITORE	_	•			, TX, officeholder living	·
				IE-Direct Mail	l Oppose DeWa	ayne Burns
Complete ONLY if direct	Candidata/O#	ceholder name	Office so	ught	Office he	ald
expenditure to benefit C/OI				ugnı epresentative Distri		iiu
		~,	Julio I II			

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	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/46 Rpt: 20/57	AFC Victory Fund	00088032
4 Date	5 Payee name	·
05/15/2024	Camelback Strategy Group	
6 Amount (\$)	7 Payee address; City; State; Zip (Code
\$5,360.07	2801 E Camelback Rd	
For and it was 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 Jeff Barry
		IE-Direct Mail Oppose Jell Barry
9 Complete ONLY if direct	Candidate/Officeholder name Office s	L ought Office held
expenditure to benefit C/OI	H Barry, Jeff State F	Representative District 29
Date	Payee name	
05/15/2024	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip (Code
\$25,179.10	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 Justin Holland
Complete ONLY if direct	Condidate/Officeholder name Office o	Office hold
expenditure to benefit C/OI	Candidate/Officeholder name Office so Holland, Justin State F	ought Office held Representative District 33
Data		representative District 60
Date 05/15/2024	Payee name	
	Camelback Strategy Group	
Amount (\$)	Payee address; City; State; Zip (Code
\$6,908.23	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
		The British Copped Commission of the Control of the
Complete ONLY if direct	Candidate/Officeholder name Office s	
expenditure to benefit C/OI	H Kuempel, John State F	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 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	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: 11/46 Rpt: 21/57	AFC Victory Fund 00088032
4 Date	5 Payee name
05/16/2024	Camelback Strategy Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$18,271.16	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 Gary VanDeaver
	in Briest Mail Oppose Oary varibeaver
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/16/2024	Camelback Strategy Group
Amount (\$)	Payee address; City; State; Zip Code
\$16,510.56	2801 E Camelback Rd
- Evnanditura from	Ste 200
Expenditure from 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 DeWayne Burns
	in Briest Mail Oppose Bewayne Barne
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•
Data	
Date	Payee name
05/16/2024	Camelback Strategy Group
Amount (\$)	Payee address; City; State; Zip Code
\$11,304.49	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 Jeff Barry
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	State Representative District 29

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 exp	lains how to complete th	is form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 12/46 Rpt: 22/57	AFC Victory Fund		00088032	
4 Date	5 Payee name			
05/16/2024	Camelback Strategy Group			
6 Amount (\$)		State; Zip Code		
\$15,886.03	2801 E Camelback Rd			
Expenditure from	Ste 200			
corporate funds	Phoenix, AZ 85016			
8 PURPOSE	(a) Category (See Categories listed at the top of ti	his schedule) (b) Des	cription	
OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Con	
LXI ENDITORE		<u> </u>	Check if Austin, TX, officeholder living	
		IE-I	Direct Mail Oppose Justi	n Holland
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office h	eld
experientare to benefit 6/01	Holland, Justin	State Representa	ative District 33	
Date	Payee name			
05/16/2024	Camelback Strategy Group			
Amount (\$)	Payee address; City;	State; Zip Code		
\$14,746.23	2801 E Camelback Rd			
	Ste 200			
Expenditure from corporate funds	Phoenix, AZ 85016			
PURPOSE		(b) Dec	autatia a	
OF	(a) Category (See Categories listed at the top of the		Cription Check if travel outside of Texas. Con	nplete Schedule T.
EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living	
		IE-I	Direct Mail Oppose John	Kuempel
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office h	eld
expenditure to benefit C/OI	^H Kuempel, John	State Representa	ative District 44	
Date	Payee name			
05/17/2024	Camelback Strategy Group			
		State: 7in Code		
Amount (\$)	,	State; Zip Code		
\$26,556.76	2801 E Camelback Rd			
Expenditure from	Ste 200			
corporate funds	Phoenix, AZ 85016			
PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b) Des	cription	
OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Con	•
			Check if Austin, TX, officeholder living	
		IE-I	Direct Mail Oppose Gary	vanDeaver
Commission ONE VI & disc.	Condidate/Officehallandara	Office a south	Off: 1	ما ما
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office h	eiu
State Representative District 01				

SCHEDULE F1

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

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 13/46 Rpt: 23/57	AFC Victory Fund	00088032		
4 Date	5 Payee name			
05/17/2024	Camelback Strategy Group			
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$24,014.93	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)			
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		
9 Complete ONLY if direct		e sought Office held		
expenditure to benefit C/Oł	Burns, DeWayne State	Representative District 58		
Date	Payee name			
05/17/2024	Camelback Strategy Group			
Amount (\$)	Payee address; City; State; Zip	Code		
\$16,498.77	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)			
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		
Complete ONLY if direct		e sought Office held		
expenditure to benefit C/Oł	Barry, Jeff State	Representative District 29		
Date	Payee name			
05/17/2024	Camelback Strategy Group			
Amount (\$)	Payee address; City; State; Zip) Code		
\$34,962.99	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 Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Advertising Expense	Check if dustin, TX, officeholder living expense		
		IE-Direct Mail Oppose Justin Holland		
Complete ONLY if direct		e sought Office held		
expenditure to benefit C/OI	Holland, Justin State	Representative District 33		

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

Gredit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 F	Filer ID (Ethics Commission Filers)			
Sch: 14/46 Rpt: 24/57	AFC Victory Fund		00088032			
4 Date	5 Payee name	'				
05/17/2024	Camelback Strategy Group					
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code				
\$21,467.72	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					
EXPENDITURE	Advertising Expense		e of Texas. Complete Schedule T. fficeholder living expense			
		-	pose John Kuempel			
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/OI	H Kuempel, John	State Representative District 44	4			
Date	Payee name					
04/26/2024	CampaignHQ					
Amount (\$)	' ' '	te; Zip Code				
\$13,500.96	PO Box 257					
Expenditure from corporate funds	Brooklyn, IA 52211					
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
OF EXPENDITURE	Consulting Expense	Check if travel outside	e of Texas. Complete Schedule T.			
LAFENDITORE		-	fficeholder living expense			
		Research				
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/O		 				
Date	Payee name					
05/01/2024	CampaignHQ					
Amount (\$)	Payee address; City; Sta	te; Zip Code				
\$11,755.92	PO Box 257					
Expenditure from						
corporate funds	Brooklyn, IA 52211					
PURPOSE	(a) Category (See Categories listed at the top of this					
OF EXPENDITURE	Consulting Expense	<u> </u>	e of Texas. Complete Schedule T. fficeholder living expense			
		Research	mocnolact living expense			
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/O	H					

SCHEDULE F1

Advertising Expense
Accounting/Banking
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
Is Expense
Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/46 Rpt: 25/57	AFC Victory Fund	00088032
4 Date	5 Payee name	
05/15/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip C	code
\$4,745.48	PO Box 257	
- Evpanditura from		
Expenditure from corporate funds	Brooklyn, IA 52211	
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-Voter Calls Oppose Gary VanDeaver
		,
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	1	epresentative District 01
Date	Payee name	
05/15/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip C	Code
\$3,642.96	PO Box 257	
70,01-100		
Expenditure from corporate funds	Brooklyn, IA 52211	
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-Voter Calls Oppose Jeff Barry
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	H Barry, Jeff State R	epresentative District 29
Date	Payee name	
05/15/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip C	Code
\$5,213.32	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
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-Voter Calls Oppose Justin Holland
		12 voter Gails Oppose sustiff Florialia
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	11	epresentative District 33
·		

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	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: 16/46 Rpt: 26/57	AFC Victory Fund 00088032		
4 Date	5 Payee name		
05/15/2024	CampaignHQ		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$3,711.76	PO Box 257		
Expenditure from corporate funds	Brooklyn, IA 52211		
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-Voter Calls Oppose John Kuempel		
	il-voter Gails Oppose sonii Raemper		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
05/15/2024	CampaignHQ		
Amount (\$)	Payee address; City; State; Zip Code		
\$3,882.47	PO Box 257		
— Forestitus from			
Expenditure from corporate funds	Brooklyn, IA 52211		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	IE-Voter Calls Oppose DeWayne Burns		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experientare to benefit ever	Burns, DeWayne State Representative District 58		
Date	Payee name		
05/15/2024	CampaignHQ		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,608.38	PO Box 257		
Expenditure from corporate funds	Brooklyn, IA 52211		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	IE-Voter Calls Oppose David Lowe		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	avanaditura ta banafit C/OLL		
State Representative District 91			

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 D
Travel Out
Contract Labor
OTHER (er

	The Instruction Guide explains h	low to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 17/46 Rpt: 27/57	AFC Victory Fund		00088032
4 Date 05/16/2024	5 Payee name CampaignHQ		
6 Amount (\$) \$4,738.80	7 Payee address; City; State; PO Box 257	Zip Code	
Expenditure from corporate funds	Brooklyn, IA 52211		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Consulting Expense	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		ffice sought	Office held
Date	Payee name		
05/17/2024	CampaignHQ		
Amount (\$)	Payee address; City; State;	Zip Code	
\$9,634.63	PO Box 257		
Expenditure from corporate funds	Brooklyn, IA 52211		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Advertising Expense	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense alls Support Alex Kamkar
Complete ONLY if direct		ffice sought	Office held
expenditure to benefit C/O	H Kamkar, Alex S	tate Representative Dis	strict 29
Date 05/17/2024	Payee name CampaignHQ		
Amount (\$) \$11,283.46	Payee address; City; State; PO Box 257	Zip Code	
Expenditure from corporate funds	Brooklyn, IA 52211		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Advertising Expense	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense alls Support Helen Kerwin
Complete ONLY if direct	1	ffice sought	Office held
expenditure to benefit C/OI	Kerwin, Helen S	tate Representative Dis	strict 58

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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 co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 18/46 Rpt: 28/57	AFC Victory Fund	00088032
4 Date	5 Payee name	•
05/17/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$6,238.90	PO Box 257	
E constitue de faces		
Expenditure from corporate funds	Brooklyn, IA 52211	
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.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		IE-Voter Calls Support Stephanie Klick
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		epresentative District 91
Date	<u> </u>	
05/17/2024	Payee name CampaignHQ	
	, , ,	- d -
Amount (\$)	Payee address; City; State; Zip Ci	ode
\$11,221.79	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
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-Voter Calls Support Katrina Pierson
		TE Votor Gang Support National 1 1010011
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI		epresentative District 33
Date	Payee name	
05/17/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip City;	- nde
\$11,013.80	PO Box 257	sac
	1 0 25% 25.	
Expenditure from corporate funds	Brooklyn, IA 52211	
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-Voter Calls Support Alan Schoolcraft
		TE Votor Gaile Gapport / Mail Gorison and
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/OH Schoolcraft, Alan State Representative District 44		
		F

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		es/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 19/46 Rpt: 29/57	AFC Victory Fund	00088032
4 Date	5 Payee name	
05/17/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	2
\$17,175.01	PO Box 257	
Expenditure from		
corporate funds	Brooklyn, IA 52211	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Voter Calls Support Chris Spencer
		12 Voter Gails Support Grins Sperioer
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
expenditure to benefit C/OI	H Spencer, Chris State Repr	esentative District 01
Date	Payee name	
05/17/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	3
\$7,792.84	PO Box 257	
— Formanditure from		
Expenditure from corporate funds	Brooklyn, IA 52211	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Research
		Research
Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
expenditure to benefit C/OI	H	
Date	Payee name	
05/03/2024	Chase Bank	
Amount (\$)	Payee address; City; State; Zip Code	9
\$762.50	8111 Preston Rd, 2nd Fl.	
- Funanditura from		
Expenditure from corporate funds	Dallas, TX 75225	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Sum to
Complete ONLY if direct	Candidate/Officeholder name Office sough	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 Comm

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

Total pages Schedule F1: 2 FILER NAME Sch: 20/46 Rpt: 30/57 AFC Victory Fund O0088032 O0088032	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.	
Sch: 20/46 Rpt: 30/57	1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Out/30/2024 Cygnal	Sch: 20/46 Rpt: 30/57	AFC Victory Fund 00088032	
Sepandiaris from component funds Sepandiaris fr	4 Date	5 Payee name	
S9,350.00 90017th St NW Ste 950 Washington, DC 20006 Washington, DC 20006 Washington, DC 20006 Washington, DC 20006 Consulting Expense Consu	04/30/2024	Cygnal	
Ste 950 Washington, DC 20006	6 Amount (\$)	7 Payee address; City; State; Zip Code	
Sependiture from corporate funds Consulting Expense (a) Category (see Categories listed at the top of this schedule) Consulting Expense (b) Description Consulting Expense Consulting Ex	\$9,350.00	90017th St NW	
Complete QNLY if direct expenditure to benefit C/OH		Ste 950	
OF EXPENDITURE Consulting Expense Consulting		Washington, DC 20006	
## Complete ONLY if direct expenditure to benefit C/OH Date OS/21/2024 Payee name OS/21/2024 Onsulting Expense Office sought Office held Date OS/21/2024 Payee address; City; State; Zip Code State; Zip Code Date OS/21/2024 Onsulting Expense Office Sought Office held Expenditure from corporate funds Office Sought Office held Date OS/21/2024 Onsulting Expense Office Sought Office held Date OS/21/2024 Onsulting Expense Office Sought Office held Date OS/21/2024 Onsulting Expense Office Sought Office held Date OS/21/2024 Office held Office Sought Office held Date OS/21/2024 Office held Office held Date OS/21/2024 Office held Office Sought Office held Date OS/21/2024 Office held Office held Date OS/21/2		(a) Category (See Categories listed at the top of this schedule) (b) Description	
9 Complete ONLY if direct expenditure to benefit C/OH Date O5/21/2024		Consulting Expense	
9 Complete ONLY if direct expenditure to benefit C/OH Date			
Date		Nesculon	
Date	O Complete ONLY if direct	Candidate/Officeholder name Office pought Office hold	
O5/21/2024			
O5/21/2024			
Amount (\$)			
\$25,250.00 Ste 950 Washington, DC 20006 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 Candidate/Officeholder name Office sought Office held Date O4/26/2024 Payee name Direct Edge Campaigns LLC Amount (\$) Expenditure from corporate funds Payee address; City; State; Zip Code Ste. 207a Nashville, TN 37215 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held	05/21/2024	Cygnal	
Ste 950 Washington, DC 20006 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if Austin, TX, officeholder living expense Research (b) Description Check if Austin, TX, officeholder living expense Research (c) Check if Austin, TX, officeholder living expense Research (d) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH (e) Date O4/26/2024 Direct Edge Campaigns LLC Amount (\$) Ste, 207a Nashville, TN 37215 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if avail outside of Texas. Complete Schedule T. Check if availing TX, officeholder living expense Direct Mail/Digital-Non TX Activity (b) Description Check if availing TX, officeholder living expense Direct Mail/Digital-Non TX Activity	Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds	\$25,250.00	90017th St NW	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description		Ste 950	
Complete ONLY if direct expenditure from corporate funds Purpose OF EXPENDITURE Consulting Expense Cons		Washington, DC 20006	
EXPENDITURE Consulting Expense Consulting Expense Consulting Expense Check if Austin, TX, officeholder living expense Research Office held Office held Office held Date 04/26/2024 Direct Edge Campaigns LLC Amount (\$) Payee address; City; State; Zip Code \$8,330.23 State: 207a Nashville, TN 37215 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Complete ONLY if direct expenditure to benefit C/OH Date O4/26/2024 Payee name Direct Edge Campaigns LLC Amount (\$) Payee address; City; State; Zip Code S8,330.23 2000 Glen Echo Rd Ste. 207a Nashville, TN 37215 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Consulting Expense	
Complete ONLY if direct expenditure to benefit C/OH Date O4/26/2024 Payee name Direct Edge Campaigns LLC Amount (\$) Payee address; City; State; Zip Code \$8,330.23 Ste. 207a Ste. 207a Nashville, TN 37215 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held		l 🖳 🔛 🖳	
Date 04/26/2024 Payee name 04/26/2024 Direct Edge Campaigns LLC Amount (\$) Payee address; City; State; Zip Code 2000 Glen Echo Rd Ste. 207a Nashville, TN 37215 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 Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held		research	
Date 04/26/2024 Payee name 04/26/2024 Direct Edge Campaigns LLC Amount (\$) Payee address; City; State; Zip Code 2000 Glen Echo Rd Ste. 207a Nashville, TN 37215 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 Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Direct Edge Campaigns LLC Amount (\$)			
Direct Edge Campaigns LLC Amount (\$)	Data	Para and a second secon	
Amount (\$) \$8,330.23 Payee address; City; State; Zip Code 2000 Glen Echo Rd Ste. 207a Nashville, TN 37215 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 Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
\$8,330.23 2000 Glen Echo Rd Ste. 207a Nashville, TN 37215 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 Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Ste. 207a Nashville, TN 37215 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 Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Expenditure from corporate funds 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 Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\$8,330.23		
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 Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Expenditure from	Ste. 207a	
Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Nashville, TN 37215	
Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Direct Mail/Digital-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held		(a) Category (See Categories listed at the top of this schedule) (b) Description	
Complete ONLY if direct Candidate/Officeholder name		Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	LA LADITORL		
		Direct Mail/Digital-Non 1 x Activity	
	0 1. 6		
experioritire to Deficial C/Off	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		

SCHEDULE F1

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

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

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/46 Rpt: 31/57	AFC Victory Fund 00088032
4 Date	5 Payee name
05/01/2024	Direct Edge Campaigns LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7,610.51	2000 Glen Echo Rd
	Ste. 207a
Expenditure from corporate funds	Nashville, TN 37215
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
	Mail/Digital-Non TX Expense
	man 2 grad tron to 2 sported
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payeo namo
05/08/2024	Payee name Direct Edge Campaigns LLC
Amount (\$)	Payee address; City; State; Zip Code
\$989.28	2000 Glen Echo Rd
Expenditure from	Ste. 207a
corporate funds	Nashville, TN 37215
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
	Shoot man von 1777 louvily
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
05/01/2024	Drogin Group
Amount (\$)	
\$18,500.00	6705 W Hwy 290
Expenditure from	Ste 50281
corporate funds	Austin, TX 50281
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
	Strategic Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 22/46 Rpt: 32/57	AFC Victory Fund 00088032
4 Date	5 Payee name
05/01/2024	Drogin Group
6 Amount (\$) \$40,000.00 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) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Digital Ads-Support Lynn Stucky
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held Stucky, Lynn State Representative District 64
Date	Payee name
05/01/2024	Drogin Group
Amount (\$) \$50,000.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 6705 W Hwy 290 Ste 50281 Austin, TX 50281
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 Support Stephanie Klick
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held Klick, Stephanie State Representative District 91
Date	Payee name
05/16/2024	Family Empowerment Coalition PAC
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 341207
Expenditure from corporate funds	Austin, TX 78734
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 Contribution
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

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

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: 23/46 Rpt: 33/57	AFC Victory Fund 00088032	
4 Date	5 Payee name	
05/21/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$120,000.00	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	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	IE-Media Buy-Oppose John Kuempel	
	in Media Bay Oppose Com Nacinper	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date		
	Payee name	
05/24/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,340.00	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	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	IE-Digital Ads Oppose Justin Holland	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
05/24/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,245.00	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	Check if travel outside of Texas. Complete Schedule T.	
	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/OI		
racinpol, com		

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: 24/46 Rpt: 34/57	AFC Victory Fund	00088032
4 Date	5 Payee name	<u>.</u>
05/24/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$2,600.00	PO Box 1051	
— Forestitus from		
Expenditure from corporate funds	Albany, OH 43054	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
LAPENDITORE		Check if Austin, TX, officeholder living expense
		IE-Digital Ads Oppose DeWayne Burns
O Commission ONII V if diment	Condidate/Officeholder name	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office son Burns, DeWayne State Re	ught Office held epresentative District 58
	<u> </u>	spiesentative District 30
Date	Payee name	
05/24/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$544.86	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 EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Digital Ads-Oppose Gary VanDeaver
		in Digital 7 tab Oppose Gary Valideavel
Complete ONLY if direct	Candidate/Officeholder name Office so	Luaht Office held
expenditure to benefit C/OI	1	epresentative District 01
Date	Payee name	
05/24/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$690.00	PO Box 1051	ouc
Ψ030.00	1 0 Box 1901	
Expenditure from corporate funds	Albany, OH 43054	
	-	[ax 5]
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		IE-Digital Ads Oppose Gary VanDeaver
Complete ONLY if direct	Candidate/Officeholder name Office so	ught 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 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

, ,

	The Instruction Guide explains how t	o complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 25/46 Rpt: 35/57	AFC Victory Fund	00088032
4 Date 05/24/2024	5 Payee name Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$830.00	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)	(b) Description 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		sought Office held
expenditure to benefit C/Oł	Barry, Jeff State	Representative District 29
Date	Payee name	
05/02/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip PO Box 1051	Code
\$1,983.00	PO 90X 1031	
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 Digital Ads-Non TX Activity
Complete ONLY if direct expenditure to benefit C/Oh		sought Office held
Date	Payee name	
05/02/2024	Flexpoint Media Inc	
Amount (\$) \$747.12	Payee address; City; State; Zip PO Box 1051	Code
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 Jeff Barry
Complete ONLY if direct	1	sought Office held
expenditure to benefit C/OH Barry, Jeff State Representative District 29		

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: 26/46 Rpt: 36/57	AFC Victory Fund	00088032
4 Date	5 Payee name	'
05/02/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$732.48	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 DeWayne Burns
		3
9 Complete ONLY if direct	Candidate/Officeholder name Office so	l ught Office held
expenditure to benefit C/OI	1	epresentative District 58
Date	Payee name	
05/02/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	rode
\$846.84	PO Box 1051	oue
φ040.04	FO 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. Check if Austin, TX, officeholder living expense
		IE-Digital Ads Oppose Justin Holland
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	epresentative District 33
Date	Payee name	<u> </u>
05/02/2024	Flexpoint Media Inc	
	·	ada
Amount (\$) \$1,746.60	Payee address; City; State; Zip C PO Box 1051	ode
\$1,740.00	PO 90X 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.
LXI LIBITORE		Check if Austin, TX, officeholder living expense
		IE-Digital Ads Oppose John Kuempel
Commission ONII V if dispose	Condidate/Officeholder regree	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so Kuempel, John State Ro	
Expenditure to benefit C/OH Kuempel, John State Representative District 44		

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: 27/46 Rpt: 37/57	AFC Victory Fund	00088032
4 Date	5 Payee name	•
05/02/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$2,770.14	PO Box 1051	
Evponditure from		
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.
-7.11 - (1-2-1-2-1		Check if Austin, TX, officeholder living expense IE-Digital Ads Oppose Gary VanDeaver
		IL-Digital Aus Oppose Oary varibeaver
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI		epresentative District 01
Date	Payee name	
05/07/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$78,580.00	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 John Kuempel
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O	H Kuempel, John State Re	epresentative District 44
Date	Payee name	
05/07/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$78,562.00	PO Box 1051	
— Francistus 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.
E/11 E1191. C.1.		Check if Austin, TX, officeholder living expense IE-Digital Ads Oppose Gary VanDeaver
		IE-Digital Aus Oppose Gary Varibeaver
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI		epresentative District 01
		presentative District of

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
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	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 28/46 Rpt: 38/57	AFC Victory Fund	00088032
4 Date	5 Payee name	
05/07/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$79,700.00	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 Check if travel outside of Toyas, Complete Schodule T
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	
05/07/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip	Code
\$78,258.00	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 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	
05/07/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip	Code
\$78,448.00	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
		3 at the special state of the s
Complete ONLY if direct	Candidate/Officeholder name Office s	Sought Office held
expenditure to benefit C/OI	H Burns, DeWayne State F	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

bursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
ot Labor OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form

	The instruction Guide explains now to complete this form.
1 Total pages Schedule F1:	
Sch: 29/46 Rpt: 39/57 4 Date	AFC Victory Fund 00088032 5 Pavee name
05/08/2024	5 Payee name Flexpoint Media Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	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 Digital Ads-Non TX Activity
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/10/2024	Flexpoint Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$1,024.00	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-Digital Ads Oppose John Kuempel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oł	Kuempel, John State Representative District 44
Date 05/10/2024	Payee name Flexpoint Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$1,083.80	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
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 -

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/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: 30/46 Rpt: 40/57	AFC Victory Fund 00088032
4 Date	5 Payee name
05/10/2024	Flexpoint Media Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,245.20	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 Jeff Barry
	ic-bigital Aus Oppose Jeli Bally
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/10/2024	Flexpoint Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$1,411.40	PO Box 1051
Evpanditura 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
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	IE-Digital Ads Oppose Justin Holland
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Holland Justin State Penrocentative District 22
	Holland, Justin State Representative District 33
Date	Payee name
05/10/2024	Flexpoint Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$1,220.80	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
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	IE-Digital Ads Oppose DeWayne Burns
0 1: 0:::::::::::::::::::::::::::::::::	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held State Perros polytopia
	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

Great Gara F ayment	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 31/46 Rpt: 41/57	AFC Victory Fund		00088032
4 Date	5 Payee name		
05/10/2024	Flexpoint Media Inc		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
\$10,000.00	PO Box 1051		
Expenditure from corporate funds	Albany, OH 43054		
8 PURPOSE	(a) Category (See Categories listed at the top of this so	(b) Description	
OF EXPENDITURE	Advertising Expense	Check if trave	el outside of Texas. Complete Schedule T.
			in, TX, officeholder living expense ds Oppose John Kuempel
		IL-Digital Ac	is Oppose sonii Ruempei
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Dist	
Date	Payee name	·	
05/10/2024	Flexpoint Media Inc		
Amount (\$)	•	e; Zip Code	
\$10,000.00	PO Box 1051	e, Zip Code	
Ψ10,000.00	1 0 50% 1001		
Expenditure from corporate funds	Albany, OH 43054		
PURPOSE	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
OF EXPENDITURE	Advertising Expense	Check if trave	el outside of Texas. Complete Schedule T.
		-	in, TX, officeholder living expense ds Oppose Gary VanDeaver
		J.g.ta. 7 to	o oppose cary rainzeare.
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	1	State Representative Dist	rrict 01
Date	Payee name		
05/10/2024	Flexpoint Media Inc		
Amount (\$)		e; Zip Code	
\$10,000.00	PO Box 1051	, <u>-</u> .p 0000	
,			
Expenditure from corporate funds	Albany, OH 43054		
PURPOSE	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
OF EXPENDITURE	Advertising Expense	′ I `	el outside of Texas. Complete Schedule T.
EXPENDITURE			in, TX, officeholder living expense
		IE-Digital Ac	ds Oppose Jeff Barry
Complete CAU V & dia+	Condidate/Officeholds: 175-775	Office cought	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought State Representative Dist	Office held
•	Barry, Jeli	State Nepresentative DISI	

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: 32/46 Rpt: 42/57	AFC Victory Fund 00088032
4 Date	5 Payee name
05/10/2024	Flexpoint Media Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	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
O Commission ONULY III	Condidate Office helder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Holland, Justin State Representative District 33
, 	Holiana, Justin State Representative District 33
Date	Payee name
05/10/2024	Flexpoint Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	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
	12 Digital Alds Oppose Dewayne Dams
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5 .	
Date	Payee name
05/14/2024	Flexpoint Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$921.60	PO Box 1051
Expenditure from	Albany, OH 420E4
corporate funds	Albany, OH 43054
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor 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
	.= = -922 = -2
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	• • • • • • • • • • • • • • • • • • • •
Forms provided by Tayas F	hics Commission www.athics.state.tv.us Version V// 1.0 d278aha0

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: 33/46 Rpt: 43/57	AFC Victory Fund	00088032
4 Date	5 Payee name	·
05/14/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$975.42	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
		12-Digital Aus Oppose dary Valibeavel
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI	1	epresentative District 01
Date	Payee name	
05/14/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1,120.68	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 Ads Oppose Jeff Barry
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/OI	H Barry, Jeff State Re	epresentative District 29
Date	Payee name	
05/14/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1,270.26	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.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		IE-Digital Ads Oppose Justin Holland
	0.51.40%	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	
	¹ Holland, Justin State Re	epresentative District 33

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: 34/46 Rpt: 44/57	AFC Victory Fund	00088032
4 Date	5 Payee name	•
05/14/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1,098.72	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
		1E-Digital Aus Oppose Dewayne Bullis
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	1	epresentative District 58
Date	Payee name	
05/16/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$600.00	PO Box 1051	
7000.00	. 6 20% 2002	
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 John Kuempel
Complete ONLY if direct	Candidate/Officeholder name Office son	ught Office held
expenditure to benefit C/OI	H Kuempel, John State Re	epresentative District 44
Date	Payee name	
05/16/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$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 Gary VanDeaver
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O	^H VanDeaver, Gary State Re	epresentative District 01

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 ho	w to complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers) 00088032
Sch: 35/46 Rpt: 45/57	AFC Victory Fund	0008032
4 Date 05/16/2024	5 Payee name Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code
\$300.00	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ce sought Office held
experiantire to benefit e/or	¹ Barry, Jeff Sta	te Representative District 29
Date	Payee name	
05/16/2024	Flexpoint Media Inc	
Amount (\$)		Zip Code
\$300.00	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	
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
Complete ONLY if direct		ce sought Office held
expenditure to benefit C/O	Holland, Justin Sta	te Representative District 33
Date	Payee name	
05/16/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; 2	Zip Code
\$300.00	PO Box 1051	
Expenditure from corporate funds	Albany, OH 43054	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	
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
Complete ONLY if direct		ce sought Office held
expenditure to benefit C/O	H Burns, DeWayne Sta	te 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

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: 36/46 Rpt: 46/57	AFC Victory Fund	00088032
4 Date	5 Payee name	<u>.</u>
05/17/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$19,477.06	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 John Kuempel
O Computate ONLY # disease	Out lide to 10th as had a sure as a constitution of the same as a	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office son H Kuempel, John State Re	ught Office held epresentative District 44
	·	spiesentative District 44
Date	Payee name	
05/17/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,954.64	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 VanDeaver
		ie bigitai / tus oppose oury varibeaver
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI	1	epresentative District 01
Date	Payee name	
05/17/2024	Flexpoint Media Inc	
	•	odo
Amount (\$) \$21,221.55	Payee address; City; State; Zip City; State; Zip City; State; Zip City; PO Box 1051	oue
ΨΖ1,ΖΖ1.55	FO BOX 1031	
Expenditure from	Albania Oli 42054	
corporate funds	Albany, OH 43054	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(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/OI	H Barry, Jeff State Re	epresentative District 29

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/Officenolder/Politica	cal Committee Legal Services Salaries/wages/Contract Labor OTHER (enter a category not liste The Instruction Guide explains how to complete this form.	d above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Comr	mission Filers)
Sch: 37/46 Rpt: 47/57		,
4 Date	5 Payee name	
05/17/2024	Flexpoint Media Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,091.00	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	
	12 Signal Nac Oppose duction Honaina	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Data	<u> </u>	
Date	Payee name	
05/17/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,316.96	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	
	IE-Digital / 103 Oppose Deviagne Danie	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
05/01/2024	Go Big Media	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	PO Box 25026	
Expenditure from		
corporate funds	Washington, DC 20027	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
LA LIDITORE	Check if Austin, TX, officeholder living expense	
	Digital Ads-Non TX Expense	
0 1: 01:17:		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	

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 in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	ll 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: 38/46 Rpt: 48/57	AFC Victory Fund 00088032
4 Date	5 Payee name
05/16/2024	JMC Enterprises of Louisiana
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6,750.00	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) Description
OF EXPENDITURE	Consulting Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Research
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/23/2024	JMC Enterprises of Louisiana
Amount (\$)	Payee address; City; State; Zip Code
\$7,000.00	1025 Chippenham Dr.
Expenditure from corporate funds	Baton Rouge, LA 70808
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
	Nescaldi
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/10/2024	Rural AMFM LLC
Amount (\$)	Payee address; City; State; Zip Code
\$22,900.00	190 Monroe Ave Ste 300
Expenditure from corporate funds	Grand Rapids, MI 49503
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	IE-Radio Buy Oppose DeWayne Burns
Complete CNU V Station	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held - Ruras DoWayro
,	Burns, DeWayne State Representative District 58

SCHEDULE F1

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 explain	s how to complete this form.	
1 Total pages Schedule F1: Sch: 39/46 Rpt: 49/57	2 FILER NAME AFC Victory Fund		3 Filer ID (Ethics Commission Filers) 00088032
4 Date 05/10/2024	5 Payee name Rural AMFM LLC		L
6 Amount (\$) \$25,009.90	7 Payee address; City; Stat 190 Monroe Ave Ste 300	e; Zip Code	
Expenditure from corporate funds	Grand Rapids, MI 49503		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense y Oppose Jeff Barry
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experientare to benefit e.e.	¹ Barry, Jeff	State Representative Distr	rict 29
Date 05/10/2024	Payee name Rural AMFM LLC		
Amount (\$) \$35,376.00	Payee address; City; Stat 190 Monroe Ave Ste 300	e; Zip Code	
Expenditure from corporate funds	Grand Rapids, MI 49503		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense y Oppose Justin Holland
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Holland, Justin	Office sought State Representative Distr	Office held rict 33
Date 05/10/2024	Payee name Rural AMFM LLC		
Amount (\$) \$22,900.00	Payee address; City; Stat 190 Monroe Ave Ste 300	e; Zip Code	
Expenditure from corporate funds	Grand Rapids, MI 49503		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	Check if travel Check if Austin	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense y Oppose John Kuempel
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Kuempel, John	Office sought State Representative Distr	Office held rict 44

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 con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 40/46 Rpt: 50/57	AFC Victory Fund	00088032
4 Date	5 Payee name	
05/15/2024	Rural AMFM LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$29,000.00	190 Monroe Ave Ste 300	
Expenditure from corporate funds	Grand Rapids, MI 49503	
8 PURPOSE OF	c , (cor caregories are to top or time constant)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Radio Buy-Support Stephanie Klick
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	
experience to belief eye	Nick, Stephanie State Rep	presentative District 91
Date	Payee name	
04/29/2024	Storr Printing Services Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$101.12	938 Cherry St SE	
Expenditure from corporate funds	Grand Rapids, MI 49506	
PURPOSE OF	c , (eee emageries material are top or anno estimate)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
		Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
04/26/2024	The Lukens Company	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$20,486.59	2800 Shirlington Rd Ste 900	
Expenditure from corporate funds	Arlington, VA 22206	
PURPOSE OF	, ,	(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
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 cor	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 41/46 Rpt: 51/57	AFC Victory Fund	00088032
4 Date	5 Payee name	•
04/30/2024	The Lukens Company	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$23,196.56	2800 Shirlington Rd Ste 900	
Expenditure from corporate funds	Arlington, VA 22206	
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.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Mail-Non TX Expense
O Commission ONLY if dispose	Condidate /Office helder no me	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou d	oht Office held
Date	Payee name	
05/07/2024	The Lukens Company	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$20,284.20	2800 Shirlington Rd Ste 900	
Expenditure from		
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.
		Check if Austin, TX, officeholder living expense Direct Mail-Non TX Activity
		Birect Mail Not 122 Activity
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		Gilloc Hold
Date	Payee name	
04/29/2024	Thomas Graphics Inc.	
	·	No.
Amount (\$) \$9,796.34	Payee address; City; State; Zip Coi PO Box 14226	de .
φ9,790.54	PO 60X 14220	
Expenditure from	A . (1) TV 7074.4	
corporate funds	Austin, TX 78714	
PURPOSE OF	,	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital Ads-Support Lynn Stucky
		, , ,
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		oresentative District 64

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	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: 42/46 Rpt: 52/57	AFC Victory Fund	00088032				
4 Date	5 Payee name	•				
04/29/2024	Thomas Graphics Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode				
\$6,427.13	PO Box 14226					
F						
Expenditure from corporate funds	Austin, TX 78714					
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-Support Stephanie Klick				
		12-Digital Aus-Support Stephanie Klick				
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	light Office held				
expenditure to benefit C/O	1	presentative District 91				
Date	Payee name					
05/03/2024	Thomas Graphics Inc.					
Amount (\$)	Payee address; City; State; Zip Co	nde				
\$9,796.34	PO Box 14226					
70,100.01						
Expenditure from corporate funds	Austin, TX 78714					
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-Support Lynn Stucky				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held				
expenditure to benefit C/O	^H Stucky, Lynn State Re	presentative District 64				
Date	Payee name					
05/03/2024	Thomas Graphics Inc.					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$6,427.13	PO Box 14226					
Evnanditure from						
Expenditure from corporate funds	Austin, TX 78714					
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-Support Stephanie Klick				
		iz birect maii-support stephanie fallek				
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held				
expenditure to benefit C/O		presentative District 91				

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	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 43/46 Rpt: 53/57	AFC Victory Fund	00088032
4 Date	5 Payee name	<u> </u>
05/06/2024	Thomas Graphics Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$19,592.68	PO Box 14226	
Expenditure from corporate funds	Austin, TX 78714	
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 Support Lynn Stucky
9 Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/OI	H Stucky, Lynn State	Representative District 64
Date	Payee name	
05/06/2024	Thomas Graphics Inc.	
Amount (\$)	Payee address; City; State; Zip	Code
\$12,854.26	PO Box 14226	
+==,00 ···=0		
Expenditure from corporate funds	Austin, TX 78714	
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 Support Stephanie Klick
Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/OI	H Klick, Stephanie State	Representative District 91
Date	Payee name	
05/17/2024	Thomas Graphics Inc.	
Amount (\$)	Payee address; City; State; Zip	Code
\$160.00	PO Box 14226	Code
+200.00		
Expenditure from corporate funds	Austin, TX 78714	
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 Support Lynn Stucky
		L Direct Mail Support Lythi Stucky
Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/OI		Representative District 64
	State	

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 Commit

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.	ive)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	on Filers)
Sch: 44/46 Rpt: 54/57		,
4 Date	5 Payee name	
05/17/2024	Thomas Graphics Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$37,264.55	PO Box 14226	
Expenditure from corporate funds	Austin, TX 78714	
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 Support Stephanie Klick	
	12 Bired Mail Support Stephanie Klick	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Data	<u> </u>	
Date	Payee name	
05/16/2024	Vantage Legal	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,359.50	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	Legal Services 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)H	
Date	Payee name	
05/14/2024	Victory Text LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,638.35		
. ,	Ste. 300	
Expenditure from corporate funds	Grand Rapids, MI 49503	
	<u> </u>	
PURPOSE 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	Check if Austin, TX, officeholder living expense	
	IE-Digital Ads Support Lynn Stucky	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	OH Stucky, Lynn State Representative District 64	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 45/46 Rpt: 55/57	2 FILER NAME AFC Victory Fund 3 Filer ID (Ethics Commission Filers) 00088032
4 Date 05/14/2024	5 Payee name Victory Text LLC
6 Amount (\$) \$1,043.14 Expenditure from	7 Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300
corporate funds	Grand Rapids, MI 49503
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-Digital Ads Support Stephanie Klick
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held State Representative District 91
Date 05/16/2024	Payee name Victory Text LLC
Amount (\$) \$1,127.84	Payee address; City; State; Zip Code 190 Monroe Ave NW
Expenditure from corporate funds	Ste. 300 Grand Rapids, MI 49503
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-Support Lynn Stucky
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held Stucky, Lynn State Representative District 64
Date 05/16/2024	Payee name Victory Text LLC
Amount (\$) \$2,287.81 Expenditure from corporate funds	Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503
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 Support Stephanie Klick
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Klick, Stephanie State Representative District 91

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Great Gara Layment	The Instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 46/46 Rpt: 56/57	AFC Victory Fund		00088032
4 Date	5 Payee name	•	
05/17/2024	Victory Text LLC		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
\$1,267.00	190 Monroe Ave NW	.,р	
+=,==	Ste. 300		
Expenditure from			
corporate funds	Grand Rapids, MI 49503	<u> </u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	Check if travel o	outside of Texas. Complete Schedule T. TX, officeholder living expense Support Stephanie Klick
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/O	1.1	State Representative Distri	ct 91

	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			SCHEDULE K
	The Instruction Guide explains how to complete this form.			ages Schedule K: /1 Rpt: 57/57
2	FILER NAME AFC Victory Fund		3 Filer ID 00088	(Ethics Commission Filers) 032
4	Date 5 Name of person from whom amount is received Club for Growth Action 6 Address of person from whom amount is received; City; State; Zip Code		8 Amount (\$) \$100,000.00	
		Washington, DC 20036 7 Purpose for which amount is received Refund of Contributions X Check if po	litical conti	ibution returned to filer