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** 09/05/2024 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 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
AFC Victory Fund			0008803	32
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Stephanie Klick State Represe	entative	
(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		
		Б. Орросси		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,532.79
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	312,520.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,945,806.71
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation requi	e accompanying report is red to be reported by me
		Lisa	Lisker	
		Signature of Ca	mpaign Trea	surer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, ti	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of o	fficer administering oath
, and the second	ŭ	ŭ		Ğ

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		3 of 13
17 COMMITTEE NAME AFC Victory Fund	8 Filer ID 00088032	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. X SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION	ON OR	\$ 9,532.79
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGAN	NIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR OR	GANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 312,520.41
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION:	IS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	IS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETO FILER	TURNED	\$

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

				00
SCL	1ED	Ш	F	C ₂

3 Filer ID (Ethics Commission Filers) 00088032 7 Amount of contribution(\$) Federation for Children Inc. 8 In-kind contribution description description In Kind-Staff Time	The Instruction Guide explains how to complete this form. 2 FILER NAME AFC Victory Fund		1 Total pages Schedule C2: Sch: 1/1 Rpt: 4/13				
7 Amount of contribution description Federation for Children Inc. 1 Amount of contribution(\$) \$9,532.79 In Kind-Staff Time				3	Filer ID (Ethi		
MD 21044 Check if travel outside of Texas. Complete Schedule T	D	Pate 8/25/2024	5	Corporation / Labor Organization name American Federation for Children Inc. Corporation / Labor Organization address; City; State; Zip Code	7	contribution(\$) \$9,532.79	description In Kind-Staff Time
				Columbia, MD 21044		Check if travel outsi	de of Texas. Complete Sch
				Columbia, MD 21044		Check if travel outsi	de of T

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 5/13	AFC Victory Fund 00088032
4 Date	5 Payee name
08/01/2024	936 Media
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15,000.00	1050 Johnnie Dobbs Blvd
	Ste. 2414
Expenditure from corporate funds	Mount Pleasant, SC 29465
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Research
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/01/2024	Arena Mail & Digital
Amount (\$)	Payee address; City; State; Zip Code
\$29,610.83	1260 E Stringham Ave Ste 400
Ψ20,010.00	1200 L Stringham / We Sto 400
Expenditure from corporate funds	Salt Lake City, UT 84106
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-Non TX Activity
	IL-Direct Mail-Non 12 Activity
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/08/2024	Arena Mail & Digital
Amount (\$)	Payee address; City; State; Zip Code
\$26,207.45	1260 E Stringham Ave Ste 400
, , ,	
Expenditure from corporate funds	Salt Lake City, UT 84106
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-Non TX Activity
	IL-Direct Mail-Non-TA Activity
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Forms provided by Tayas F	thics Commission www.athics.state.tv.us Version V// 1.0 //8da51f7

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 2/9 Rpt: 6/13	
301. 2/9 Kpt. 0/13	
4 Date	5 Payee name
08/23/2024	Arena Mail & Digital
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$446.04	1260 E Stringham Ave Ste 400
ψ++0.0+	1200 L dunigham / We die 400
Expenditure from	
corporate funds	Salt Lake City, UT 84106
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	IE-Digital Ads-Non TX Activity
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	
Date	Payee name
07/29/2024	CP Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	1327 H ST
	Ste 303
Expenditure from	
corporate funds	Lincoln, NE 68508
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.
EXI ENDITORE	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	1
Date	Payee name
08/05/2024	Chase Bank
Amount (\$)	Payee address; City; State; Zip Code
\$80.00	8111 Preston Rd, 2nd Fl.
Expenditure from corporate funds	Dallas, TX 75225
-	(b) 0 · ·
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	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fees
	25
Complete CNII V if alia	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Solicitation/Fundraising Expense ransportation Equipment & Related Expense rravel in District rravel Out of District DTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 F	Filer ID (Ethics Commission Filers)	
Sch: 3/9 Rpt: 7/13	AFC Victory Fund	C	00088032	
4 Date	5 Payee name	•		
08/05/2024	Chase Bank			
6 Amount (\$) \$175.00	7 Payee address; City; State; Zip 8111 Preston Rd, 2nd Fl.	Code		
Expenditure from corporate funds	Dallas, TX 75225			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	 	of Texas. Complete Schedule T. Officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ought	Office held	
Date	Payee name			
08/06/2024	Cygnal			
Amount (\$)	Payee address; City; State; Zip	Code		
\$20,300.00	90017th St NW			
Expenditure from corporate funds	Ste 950 Washington, DC 20006			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	<u> </u>	e of Texas. Complete Schedule T. fficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ought	Office held	
Date	Payee name			
08/02/2024	Drogin Group			
Amount (\$) \$4,500.00 Expenditure from corporate funds	Payee address; City; State; Zip 6705 W Hwy 290 Ste 50281 Austin, TX 50281	Code		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	of Toyon Complete Schoolide T	
EXPENDITURE	Consulting Expense	<u> </u>	of Texas. Complete Schedule T. Ifficeholder living expense ng	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	ought	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

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: 4/9 Rpt: 8/13	AFC Victory Fund 00088032
4 Date	5 Payee name
08/06/2024	Drogin Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$238.28	6705 W Hwy 290
	Ste 50281
Expenditure from corporate funds	Austin, TX 50281
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 ID-Digital Ads-Support Stephanie Klick
	D-Digital Aus-Support Stephanie Klick
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/06/2024	Drogin Group
Amount (\$)	Payee address; City; State; Zip Code
\$4,500.00	6705 W Hwy 290
Expenditure from	Ste 50281
corporate funds	Austin, TX 50281
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Consulting Expense Consulting Expense
_/	Check if Austin, TX, officeholder living expense
	Strategic Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Dete	
Date	Payee name
07/29/2024	Flexpoint Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$37,564.24	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
D. LIBITORE	Check if Austin, TX, officeholder living expense
	IE-Digital Ads-Non TX Activity
Complete ONII V If all a	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 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)

Credit Card Payment	The Instruction Guide explains how to co	omplete thi	is form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 5/9 Rpt: 9/13	AFC Victory Fund			00088032	
4 Date	5 Payee name		•		
08/01/2024	Flexpoint Media Inc				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$1,505.52	PO Box 1051				
Expenditure from					
corporate funds	Albany, OH 43054				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	cription		
OF EXPENDITURE	Advertising Expense		Check if travel outsid		
			Check if Austin, TX,		
		16-6	Digital Ads-No	JII I A ACIIVI	ıy
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l ught		Office he	ald
expenditure to benefit C/Ol		ugnt		Office fie	au
Data					
Date 08/02/2024	Payee name Flexpoint Media Inc				
	•				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$5,016.60	PO Box 1051				
Expenditure from corporate funds	Albany, OH 43054				
PURPOSE		(h) p	tat		
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Des	Cription Check if travel outsid	de of Texas. Com	plete Schedule T.
EXPENDITURE	Advertising Expense		Check if Austin, TX,		
		IE-D	Digital Ads-No	on TX Activi	ty
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
expenditure to benefit C/OI					
Date	Payee name				
08/01/2024	Flexpoint Media Inc				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$1,650.00	PO Box 1051				
— Forestitus from					
Expenditure from corporate funds	Albany, OH 43054				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription		
OF EXPENDITURE	Advertising Expense		Check if travel outsid		
LXI LINDITORE		ı —	Check if Austin, TX,		
		15-1	Digital Ads-No	JII I A ACIIVI	ıy
Complete ONLY if direct	Candidate/Officeholder name Office sou	l ught		Office he	ald
expenditure to benefit C/O		ugiii		Onice He	สน

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: 6/9 Rpt: 10/13	AFC Victory Fund 00088032
4 Date	5 Payee name
08/01/2024	Flexpoint Media Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,869.40	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-Non TX Activity
	ie bigital nus non 17 neuvity
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date	Payee name
08/06/2024	Flexpoint Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$1,660.56	PO Box 1051
- Evenanditura 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
EXPENDITORE	Check if Austin, TX, officeholder living expense
	IE-Digital Ads-Non TX Activity
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioratione to benefit C/OI	'
Date	Payee name
08/06/2024	Flexpoint Media Inc
Amount (\$)	Payee address; City; State; Zip Code
\$4,786.02	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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	IE-Digital Ads-Non TX Activity
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

Fees
Feed
Feod/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula Fa	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 7/9 Rpt: 11/13	AFC Victory Fund 00088032
4 Date	5 Payee name
08/06/2024	Flexpoint Media Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$642.42	PO Box 1051
Expenditure from	Albany, OH 43054
corporate funds	
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-Non TX Activity
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/06/2024	Objective Media
Amount (\$)	Payee address; City; State; Zip Code
\$1,161.36	5200 30th St SW
Expenditure from corporate funds	Davenport, IA 52802
'	
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	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	IE-Digital Ads-Non TX Activity
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
08/14/2024	Oklahoma Federation for Children PAC
Amount (\$)	Payee address; City; State; Zip Code
\$47,000.00	201 Robert S Kerr Ave
Expenditure from corporate funds	Oklahoma City, OK 73102
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
_ '' ''	11. 0

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/9 Rpt: 12/13 AFC Victory Fund 00088032 4 Date Payee name 08/23/2024 Tennessee Federation for Children PAC 6 Amount (\$) Payee address; City; State; Zip Code 10440 Little Patuxent Pkwy \$35,000.00 Ste. 300-343 Expenditure from Columbia, MD 21044 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/01/2024 The Stoneridge Group LLC Amount (\$) Payee address; City; State; Zip Code \$8,190.00 960 N Point Pkwy Ste. 225 Expenditure from Alpharetta, GA 30005 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense IE-Direct Mail-Non TX Activity Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/01/2024 Uptown Solutions LLC Amount (\$) Payee address: City: State; Zip Code \$1,000.00 2414 19th St NW #34 Expenditure from corporate funds Washington, DC 20009 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense **Fundraising Consulting** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/9 Rpt: 13/13	AFC Victory Fund	00088032
4 Date	5 Payee name	•
08/23/2024	Vantage Legal	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1,716.00	PO Box 341016	
Expenditure from corporate funds	Austin, TX 78734	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Legal Services	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Legal Gervices	Check if Austin, TX, officeholder living expense
		Legal Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
07/29/2024	Victory Enterprises	
Amount (\$)	Payee address; City; State; Zip Co	de
\$57,700.69	5200 30th St SW	
Expenditure from corporate funds	Davenport, IA 52802	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	,	Check if Austin, TX, officeholder living expense
		IE-Direct Mail-Non TX Activity
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experience to belief ever		