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** 10/07/2024 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 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

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			00088	032
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 Solomon Ortiz Jr. State Repre	sentative	
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	29,113.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	479,348.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,487,492.85
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING 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 t mation req	the accompanying report is uired to be reported by me
		Lisa	Lisker	
		Signature of Car	mpaign Tre	easurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, t	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of	officer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 3 of 17
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	Jonathan Gracia State Represe	entative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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	Kristian Carranza State Repres	sentative	
	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	Cecilia Castellano State Repre	sentative	
	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 MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 4 of 17 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) AFC Victory Fund 00088032 14 COMMITTEE 1. Candidates A. Supported **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed Laurel Swift State Representative A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				J V L I (OI I	5 of 17
		EE NAME ry Fund	18 Filer ID 00088032	(Ethics Comn	nission Filers)
19 SCH NAM	IEDULE	SUBTO	ΓAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,035.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.	Х	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	9,078.83
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	479,348.86
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1,000.00

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 6/17
2	FILER NAME AFC Victory			3	Filer ID (Ethics Commission Filers) 00088032
4	Date 08/31/2024	5 Full name of contributor out-of-state PAC (ID#:_ LaGreca, Shelia 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$5.00
8	Principal occu	Abbeville, SC 29620 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)	
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_Romero, Fabian Contributor address; City; State; Zip Code Spring, TX 77379	Not a Speck	•	Amount of Contribution (\$) \$30.00
	Principal occu Student	upation / Job title (See Instructions)	Employer (See Instructions Student	<u> </u> S)	
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_ Rydin, Michael Contributor address; City; State; Zip Code Houston, TX 77081			Amount of Contribution (\$) \$20,000.00
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	5)	

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

SCHEDULE C2

2 FILER NAME AFC Victory Fund 4 Date 09/25/2024 5 Corporation / Labor Orgo American Federation 6 Corporation / Labor Orgo Columbia, MD 21044
09/25/2024 American Federation 6 Corporation / Labor Organia
Columbia, MD 21044

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 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
OTHER (enter a category not listed above)

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: 1/9 Rpt: 8/17	AFC Victory Fund 00088032
4 Date	5 Payee name
09/20/2024	3d Strategic Research
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$77,680.00	4916 Gloxinia Ct
Expenditure from corporate funds	Annandale, VA 22003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Research
	Research
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
08/31/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$0.50	1340 Poydras St
	Ste. 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Online Processing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/10/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$1.50	1340 Poydras St
	Ste. 1770
Expenditure from	New Orleans, LA 70112
corporate funds	
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
	Online Processing
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 Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/9 Rpt: 9/17	AFC Victory Fund 00088032
4 Date	5 Payee name
09/11/2024	Arena Mail & Digital
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$899.01	1260 E Stringham Ave Ste 400
\$099.01	1200 E Stilligham Ave Ste 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
	Digital Ads-Non TX Activity
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
	Payee name
09/05/2024	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
<u>'</u>	
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
	Strategio Consulting
Operation ONLY if allowed	On alidate (Office hadden grown
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/11/2024	Candice Pierucci for House District 52
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	13457 S Corbin Valley Dr.
Ψ1,000.00	20.0. 0 00.0 (40) 51.
Expenditure from	
corporate funds	Riverton, UT 84096
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZIIDII OKE	Candidate/Officeholder/Political Committee
	Reissue Voided Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide	nse Printii Salari	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 3/9 Rpt: 10/17	AFC Victor	AFC Victory Fund 00088032						
4 Date	5 Payee name				<u> </u>			
09/05/2024	Chase Ban	k						
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip	Code				
\$62.50	8111 Presto	on Rd, 2nd Fl.						
Expenditure from corporate funds	Dallas, TX	75225						
8 PURPOSE OF	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
EXPENDITURE	Fees				=		de of Texas. Com officeholder living	plete Schedule T. expense
					Dalik Fee			
Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office	sought			Office he	eld
Date	Payee name							
09/20/2024	Cygnal							
Amount (\$)	Payee addre	ss; City;	State; Zip	Code				
\$61,100.00	90017th St	NW						
	Ste 950							
X Expenditure from corporate funds	Washingtor	Washington, DC 20006						
PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
OF EXPENDITURE	Consulting							plete Schedule T.
					Research	, IX,	officeholder living	expense
					cocaron			
Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office	sought			Office he	eld
Date	Payee name							
09/20/2024	Drogin Gro	nb						
Amount (\$)	Payee addre	•	State; Zip	Code				
\$4,500.00	6705 W Hw	y 290						
Expenditure from	Ste 50281							
corporate funds	Austin, TX	50281						
PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description			
EXPENDITURE	Consulting	Expense					de of Texas. Com officeholder living	plete Schedule T. Lexpense
					Strategic Cor			
Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office	sought			Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 4/9 Rpt: 11/17	AFC Victory Fund 00088032
4 Date	5 Payee name
09/20/2024	Flexpoint Media Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,950.00	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 Digital Ads-Non TX Activity
	Digital 7 to 1 177 following
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/25/2024	Flexpoint Media Inc
	·
Amount (\$)	Payee address; City; State; Zip Code
\$5,850.00	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 Digital Ads-Non TX Activity
	Digital Austroll 17 Activity
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Davies same
Date 09/05/2024	Payee name Flexpoint Media Inc
	· ·
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	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	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Digital Ads-Non TX Activity
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal S	ards/Memorials Expense Services		ages/Contract Labor	OTHER (enter a	a category not listed above)
•		nstruction Guide explai	ins how to cor	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 5/9 Rpt: 12/17	AFC Victory Fun	d			00088032	
4 Date	5 Payee name					
09/09/2024	Flexpoint Media	nc				
6 Amount (\$)	7 Payee address;	City; Sta	ate; Zip Cod	de		
\$2,850.00	PO Box 1051					
Expenditure from corporate funds	Albany, OH 4305	4				
8 PURPOSE	(a) Category (See Cate	varion listed at the top of this	achadula)	(b) Description		
OF	Advertising Expe		scriedule)		outside of Texas. Con	nplete Schedule T.
EXPENDITURE	rate talen ig =/ipe			Check if Austin	n, TX, officeholder living	g expense
				Digital Ads-N	Ion TX Activity	
9 Complete ONLY if direct	Candidate/Officehole	der name	Office souç	ght	Office h	eld
expenditure to benefit C/O	1					
Date	Payee name					
09/11/2024	Flexpoint Media	nc				
Amount (\$)	Payee address;	City; Sta	ate; Zip Cod	de		
\$295.62	PO Box 1051					
Expenditure from corporate funds	Albany, OH 4305	4				
PURPOSE	(a) Category (See Cate	agrice listed at the ton of this	schedule)	(b) Description		
OF	Advertising Expe		scriedule)		outside of Texas. Con	nplete Schedule T.
EXPENDITURE				Check if Austin	n, TX, officeholder living	g expense
				Digital Ads-N	Ion TX Activity	
Complete ONLY if direct	Candidate/Officehole	der name	Office sou	ght	Office h	eld
expenditure to benefit C/O	1					
Date	Payee name					
09/09/2024	Idaho Federatior	for Children				
Amount (\$)	Payee address;	City; Sta	ate; Zip Cod	de		
\$100,000.00	10440 Little Patu	xent Pkwy				
	Ste. 300-343					
Expenditure from corporate funds	Columbia, MD 2	L044				
PURPOSE	(a) Category (See Cate		cobodule)	(b) Description		
OF		gories listed at the top of this nations Made By	scriedule)		outside of Texas. Con	nplete Schedule T.
EXPENDITURE		holder/Political Cor	nmittee	Check if Austin	n, TX, officeholder living	g expense
				Contribution		

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

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

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: 6/9 Rpt: 13/17	AFC Victory Fund 00088032
4 Date	5 Payee name
08/29/2024	Missouri Ethics Commission
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$30.50	3411 Knipp Dr Ste A
Expenditure from corporate funds	Jefferson City, MO 65109
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Filing Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/11/2024	NC Citizens for a Better Tomorrow
Amount (\$)	Payee address; City; State; Zip Code
\$100,000.00	3100 Smoketree Ct Ste 401
X Expenditure from corporate funds	Raleigh, NC 27604
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/20/2024	Objective Media
Amount (\$)	
()	
\$2,581.86	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 EXPENDITURE	Advertising Expense
LAFLINDITORL	Check if Austin, TX, officeholder living expense
	Direct Mail-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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/9 Rpt: 14/17	AFC Victory Fund 00088032
4 Date	5 Payee name
09/20/2024	Objective Media
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$16,662.42	5200 30th St SW
Expenditure from corporate funds	Davenport, IA 52802
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 Direct Mail-Non TX Activity
	Direct Mail-Noti 1/4 Activity
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
09/09/2024	Payee name Tennessee Federation for Children PAC
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	10440 Little Patuxent Pkwy
Expenditure from	Ste. 300-343
corporate funds	Columbia, MD 21044
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Organists ONE Wife diagram	Our didn't lotter had a grant of the country of the
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/25/2024	Thomas Graphics Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$12,717.71	PO Box 14226
Expenditure from corporate funds	Austin, TX 78714
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	IE-Direct Mail-Oppose Solomon Ortiz Jr HD34
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5. po a a. a to bollone 0/01	Ortiz Jr., Solomon State Representative District 34

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)

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: 8/9 Rpt: 15/17	AFC Victory Fund	00088032					
4 Date	5 Payee name	•					
09/25/2024	Thomas Graphics Inc.						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$12,805.76	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 Oppose Jonathan Gracia HD37					
		IE Bliedt Wall Oppose sonathan Gracia (1857)					
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held					
expenditure to benefit C/OI	1	epresentative District 37					
Date	Payee name						
09/25/2024	Thomas Graphics Inc.						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$19,119.91	PO Box 14226						
, , ,							
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 Oppose Kristian Carranza HD118					
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held					
expenditure to benefit C/OH Carranza, Kristian State Representative District 118							
Date	Payee name						
09/25/2024	Thomas Graphics Inc.						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$12,636.38	PO Box 14226						
- "							
Expenditure from corporate funds	Austin, TX 78714						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.					
LXI LINDITORE		Check if Austin, TX, officeholder living expense					
		IE-Direct Mail Oppose Cecilia Castellano HD80					
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	epresentative District 80					
	otate in	-p000					

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	d Cor	mittee Legal Services The Instruction Guide ex			s/Contract Labor ete this form.	C	THER (enter a	category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	F	iler ID	(Ethics Commission Filers)	
	Sch: 9/9 Rpt: 16/17		AFC Victory Fund				0	0088032		
4	Date	5	Payee name							
	09/25/2024		Thomas Graphics Inc.							
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode					
	\$21,385.29		PO Box 14226							
	Expenditure from corporate funds		Austin, TX 78714							
8	PURPOSE	(a)	Category (See Categories listed at the top of	£ 41-1 11-1-X	(b)	Description				-
•	OF	(")	Advertising Expense	r this schedule)	(~)	Check if travel outs	side	of Texas. Comp	olete Schedule T.	
	EXPENDITURE		Advertising Expense			Check if Austin, TX	K, of	ficeholder living	expense	
						IE-Direct Mail O)pp	ose Laure	l Swift HD121	
9	Complete ONLY if direct		andidate/Officeholder name	Office sou	ight			Office he	ld	_
	expenditure to benefit C/O	Swift, Laurel State Representative District 121								
	Date		Payee name							=
	09/20/2024		Vantage Legal							
	Amount (\$)		Payee address; City;	State; Zip Co	ode					-
	\$929.50		PO Box 341016	, ,						
	4020.00									
	Expenditure from corporate funds		Austin, TX 78734							
	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE		Legal Services			Check if travel outs				
						Check if Austin, TX Legal Fees	√ , ∪i	ilceriolaer living	expense	
						Logaricos				
	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	Office sou	laht			Office he	ld.	_
	expenditure to benefit C/O		andidate/Officeriolder frame	Office 300	igiit			Office fie	iu	
	Date		Payee name							_
	09/20/2024		Vantage ROI							
	Amount (\$)		Payee address; City;	State; Zip Co	ode					-
	\$10,040.40		PO Box 340836							
	Expenditure from corporate funds		Austin, TX 78734		_					
_	PURPOSE	(a)	Category (See Categories listed at the top of	f this schedule)	(b)	Description				-
	OF EXPENDITURE		Consulting Expense			Check if travel outs				
						Check if Austin, TX Research	≺, of	licenolaer living	expense	
						1 Cocaron				
	Complete ONII V if direct	Ļ	andidata/Officahaldar rasras	Office	l nakt			Office le-	Id	_
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ignt			Office he	ıu	
										_

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 17/17 2 FILER NAME 3 Filer ID (Ethics Commission Filers) AFC Victory Fund 00088032 4 Date 8 Amount (\$) 5 Name of person from whom amount is received 09/11/2024 \$1,000.00 Candice Pierucci for House District 52 6 Address of person from whom amount is received; City; State; Zip Code Riverton, UT 84096 Purpose for which amount is received X Check if political contribution returned to filer Void uncleared check