#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016799 3 COMMITTEE NAME **OFFICE USE ONLY** National Rifle Association Political Victory Fund Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 11250 Waples Mill Rd. Date Hand-delivered or Date Postmarked Change of Address Fairfax, VA 22030 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Zak NAME NICKNAME LAST **SUFFIX** Funderburk STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 11250 Waples Mill Road STREET **ADDRESS** (Residence or Business) Fairfax, VA 22030 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (703) 267-1152 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME		1,	12 Eilar ID	(Ethics Commission Filers)
2 COMMITTEE NAME	iation Political Victory Fun		13 Filer ID 00016799	,
			00010199	
4 COMMITTEE ACTIVITY	Candidates  (Identify by name or if	A. Supported		
	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain		B. Opposed		
paper to complete this report if necessary.)		B. Opposed		
, ,,,				
	2. Measures	A. Supported		
	(Describe by date and location			
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	Brad Buckley State Representa	ative	
	Assisted			
	(Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION	1. TOTAL UNITEMIZED	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS,	OR GUARANTEES OF LOANS, OR	\$	0.00
	l <del></del>	IADE ELECTRONICALLY) qualifies for the higher itemization threshold		0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	38,342.82
EXPENDITURE	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		
TOTALS			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	s	
				38,343.32
CONTRIBUTION	5. TOTAL POLITICAL (	CONTRIBUTIONS MAINTAINED AS OF THE LAST [	DAY	
BALANCE	OF THE REPORTIN	G PERIOD	\$	0.00
OUTSTANDING	6. TOTAL PRINCIPAL	AMOUNT OF ALL OUTSTANDING LOANS AS OF T	HE	
LOAN TOTALS		REPORTING PERIOD	\$	0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of per		
		true and correct and includes all inforn under Title 15, Election Code.	nation require	d to be reported by me
		7ak Fun	nderburk	
		Signature of Can		irer
			, 0	
AFFIX NOTA	ARY STAMP / SEAL ABOVE			
Company to a series of a series of	had hafara ma heethe eeth		io the	J
		, th which, witness my hand and seal of office.	is tile	day
UI	, 20, to certify \	which, withess my hand and seal of office.		
Signature of officer	r administering oath	Printed name of officer administering oath	Title of offic	cer administering oath
2.3			0. 0111	

## FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	National Rifle Association	on Political Victory F	und		00016799	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Hillary Hickland State Represen	itative	
	(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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	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			
		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.)		Ben Bumgarner State Represer	ntative	
	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			
		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.)		Matt Shaheen State Representa	ative	

# FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	National Rifle Association	on Political Victory F	und		00016799	
	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			
		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.)		Jeff Leach State Representative	<b>,</b>	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	McLaughlin Don State Represer	ntative	
	(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			
		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			
		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.)		John Mcqueeny State Represer	ntative	
		Assisted (Identify by name or, if		John Mcqueeny State Represer	ntative	

# FORM GPAC ADDENDUM

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OMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
lational Rifle Association	on Political Victory F	und		00016799	
COMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	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.)		Jared Patterson State Represer	ntative	
OMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	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.)		Angie Chen Button State Repre	sentative	
OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	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.)		John Lujan State Representativ	e	
٥	ctrivity attach lists on plain aper to complete this	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  OMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  attach lists on plain aper to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	(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.)  CMMITTEE CTIVITY  1. Candidates    (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed  Complete this port if necessary.)  2. Measures    (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  Complete the complete and location of election and nature of issue.)	(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.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported  B. Opposed  B. Opposed  John Lujan State Representativ Assisted (Identify by name or, if applicable, placetion and nature of issue.)	(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.)  DMMITTEE CTIVITY  1. Candidates     (Identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported  B. Opposed  A. Supported  Complete this port if necessary.)  2. Measures     (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  B. Opposed  John Lujan State Representative  Assisted     (Identify by name or, if applicable, classify by name or, if applicable, classify by party.)  John Lujan State Representative

# FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	National Rifle Association	on Political Victory F	und		00016799	
	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			
		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.)		Marc Lahood State Representat	tive	
	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			
		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.)		Mark Dorazio State Representa	tive	
	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			
		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.)		Lacey Hull State Representativ	e 	

## FORM GPAC ADDENDUM

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						1 age 1 01 00
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	National Rifle Association	on Political Victory F	und		00016799	
	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	Elizabeth Ginsberg State Repre	sentative	
		2. Measures	A. Supported			
		(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.)				
	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			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if		Adam Hinojosa State Represen	tative	
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		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.)		Janie Lopez State Representati	ve	

## FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	National Rifle Association	on Political Victory F	und		00016799	
	COMMITTEE	1. Candidates		Denise Villalobos State Represe	L antativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Define vinalogos State (represe	Smanve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(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.)				
	COMMITTEE	Candidates				
	ACTIVITY	(Identify by name or, if	A. Supported			
	(Attach lists on plain	applicable, classify by party.)				
	(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		Caroline Harris Davila State Rep	oresentative	
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Steve Kinard State Representat	ive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders     Assisted				
		(Identify by name or, if applicable, classify by party.)				

### GENERAL-PURPOSE COMMITTEE REPORT:

## FORM GPAC ADDENDUM

PURPOSE					ADDENDOM
					Page 9 of 33
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
National Rifle Associa	ation Political Victory F	und		00016799	
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			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted		Benevolent Mostyn State Repres	sentative	
	(Identify by name or, if applicable, classify by party.)	J			

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

		10 of 33
17 COMMITTEE NAME  National Rifle Association Political Victory Fund	<b>18</b> Filer ID 00016799	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS		T
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 38,342.82
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 38,343.32
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONET	TARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 11/33	
			3 Filer ID (Ethics Commission Filers) 00016799
Date 10/01/2024	Unitemized Lump Sum, Unitemized		7 Amount of Contribution (\$) \$38,342.82
	Various, TX 78701		
	upation / Job title (See Instructions)	9 Employer (See Instruction	ns)
	The Instru FILER NAME National Rif Date 10/01/2024	The Instruction Guide explains how to complete this  FILER NAME  National Rifle Association Political Victory Fund  Date  10/01/2024  5 Full name of contributor out-of-state PAC (ID)  Unitermized Lump Sum, Unitermized  6 Contributor address; City; State; Zip Code  Various, TX 78701  Principal occupation / Job title (See Instructions)	National Rifle Association Political Victory Fund  Date   5

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Layment	The Instruction Guide ex	plains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 1/22 Rpt: 12/33	National Rifle Association Politica	al Victory Fund	I	00016799	
4 Date	5 Payee name				
10/10/2024	C2 Imaging, LLC				
6 Amount (\$)	<b>7</b> Payee address; City;	State; Zip Co	de		
\$247.68	8000 GRAINGER COURT				
Expenditure from corporate funds	Springfield, VA 22153				
8 PURPOSE OF	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
EXPENDITURE	Paper for endorsement card		<b>=</b>	outside of Texas. Com , TX, officeholder living	
				dorsement card	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office he	eld
expenditure to benefit C/O	<sup>H</sup> Hinojosa, Andrew	State Ser	nator District 27	State S	senator District 27
Date	Payee name				
10/10/2024	C2 Imaging, LLC				
Amount (\$)	Payee address; City;	State; Zip Co	de		
\$94.75	8000 GRAINGER COURT				
Expenditure from corporate funds	Springfield, VA 22153				
PURPOSE	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
OF EXPENDITURE	Paper for endorsement card		<b>—</b>	outside of Texas. Com	
				ı, TX, officeholder living dorsement card	
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office he	eld
expenditure to benefit C/OI	<sup>H</sup> Villalobos, Denise	State Rep	presentative Distri	ict 34	
Date	Payee name				
10/10/2024	C2 Imaging, LLC				
Amount (\$)	Payee address; City;	State; Zip Co	de		
\$72.43	8000 GRAINGER COURT				
Expenditure from					
corporate funds	Springfield, VA 22153				
PURPOSE OF	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
EXPENDITURE	Paper for endorsement card		<u> </u>	outside of Texas. Com , TX, officeholder living	
				dorsement card	
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office he	eld
expenditure to benefit C/OI	<sup>H</sup> Lopez, Janie	State Rep	presentative Place	e 37 State R	Representative District 37

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/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 comp	lete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 2/22 Rpt: 13/33	National Rifle Association Political Victory Fund	00016799		
4 Date	5 Payee name			
10/10/2024	C2 Imaging, LLC			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$43.70	8000 GRAINGER COURT			
Expenditure from corporate funds	Springfield, VA 22153			
8 PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description		
EXPENDITURE	Paper for endorsement card	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Paper for endorsement card		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OI		esentative District 52 State Representative District 52		
Data	·			
Date	Payee name			
10/10/2024	C2 Imaging, LLC			
Amount (\$)	Payee address; City; State; Zip Code			
\$35.00	8000 GRAINGER COURT			
Expenditure from corporate funds	Springfield, VA 22153			
PURPOSE	1	Description		
OF	(a) Category (See Categories listed at the top of this schedule)  Paper for endorsement card	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Taper for endorsement card	Check if Austin, TX, officeholder living expense		
		Paper for endorsement card		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OI	H Buckley, Brad State Repre	esentative District 54 State Representative District 54		
Date	Payee name			
10/10/2024	C2 Imaging, LLC			
Amount (\$)	Payee address; City; State; Zip Code			
\$38.50	8000 GRAINGER COURT			
400.00				
Expenditure from corporate funds	Springfield, VA 22153			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
OF EXPENDITURE	Paper for endorsement card	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Paper for endorsement card		
0 1 0 0 1 0 0 1 0 0 1				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Hickland Hillary State Penresentative District 55				
	Hickland, Hillary State Repre	esentative District 55		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/22 Rpt: 14/33	National Rifle Association Political Victory Fund 00016799
4 Date	5 Payee name
10/10/2024	C2 Imaging, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$37.20	8000 GRAINGER COURT
- Evpanditura from	
Expenditure from corporate funds	Springfield, VA 22153
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Paper for endorsement card
	Check if Austin, TX, officeholder living expense
	Paper for endorsement card
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	
10/10/2024	Payee name C2 Imaging, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$39.55	8000 GRAINGER COURT
Expenditure from corporate funds	Springfield, VA 22153
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Paper for endorsement card Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Paper for endorsement card
	Tapor for order out a
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/10/2024	C2 Imaging, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$38.70	8000 GRAINGER COURT
400.110	
Expenditure from corporate funds	Springfield, VA 22153
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Paper for endorsement card Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Paper for endorsement card
	apo los oluciosmismismismismismismismismismismismismis
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 4/22 Rpt: 15/33	2 FILER NAME National Rifle Association Political Victory Fund  3 Filer ID (Ethics Commission Filers) 00016799
4 Date 10/10/2024	5 Payee name C2 Imaging, LLC
6 Amount (\$) \$74.40	7 Payee address; City; State; Zip Code 8000 GRAINGER COURT
Expenditure from corporate funds	Springfield, VA 22153
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Paper for endorsement card  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name  Office sought  Office held  State Representative District 70
Date 10/10/2024	Payee name C2 Imaging, LLC
Amount (\$) \$106.80	Payee address; City; State; Zip Code 8000 GRAINGER COURT
Expenditure from corporate funds	Springfield, VA 22153
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Paper for endorsement card  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Paper for endorsement card
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name  Office sought  Office held  McLaughlin, Don  State Representative District 80
Date 10/10/2024	Payee name C2 Imaging, LLC
Amount (\$) \$41.30	Payee address; City; State; Zip Code 8000 GRAINGER COURT
Expenditure from corporate funds	Springfield, VA 22153
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Paper for endorsement card  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  McQueeny, John

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/22 Rpt: 16/33	National Rifle Association Political Victory Fund	00016799
4 Date	5 Payee name	
10/10/2024	C2 Imaging, LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$40.53	8000 GRAINGER COURT	
Expenditure from corporate funds	Springfield, VA 22153	
8 PURPOSE OF	`	Description
EXPENDITURE	Paper for endorsement card	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Paper for endorsement card
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		entative District 106 State Representative District
D-1-	·	
Date	Payee name	
10/10/2024	C2 Imaging, LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$136.50	8000 GRAINGER COURT	
Evnanditura from		
Expenditure from corporate funds	Springfield, VA 22153	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Paper for endorsement card	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Paper for endorsement card
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experialiture to benefit C/Oi	Chen Button, Angie State Represe	entative District 112 State Representative District
Date	Payee name	
10/10/2024	C2 Imaging, LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$151.90	8000 GRAINGER COURT	
Expenditure from corporate funds	Springfield, VA 22153	
•	In.	
PURPOSE OF	g y (est subgenes noted at the top of this solitonic)	Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Paper for endorsement card	Check if Austin, TX, officeholder living expense
		Paper for endorsement card
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	H Lujan, John State Represe	entative District 118 State Representative District

### 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 cor	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/22 Rpt: 17/33	National Rifle Association Political Victory Fund	00016799
4 Date	5 Payee name	
10/10/2024	C2 Imaging, LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$42.43	8000 GRAINGER COURT	
Expenditure from corporate funds	Springfield, VA 22153	
8 PURPOSE OF	, -	(b) Description
EXPENDITURE	Paper for endorsement card	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Paper for endorsement card
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		presentative District 121 State Representative District
5 .		
Date	Payee name	
10/10/2024	C2 Imaging, LLC	
Amount (\$)	Payee address; City; State; Zip Co	de
\$54.28	8000 GRAINGER COURT	
Expenditure from	Springfield, VA 22153	
corporate funds		4)
PURPOSE OF	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Paper for endorsement card	Check if Austin, TX, officeholder living expense
		Paper for endorsement card
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	Torazio, Mark State Rep	presentative District 122 State Representative District
Date	Payee name	
10/10/2024	C2 Imaging, LLC	
		d -
Amount (\$)	Payee address; City; State; Zip Co	de .
\$30.90	8000 GRAINGER COURT	
Expenditure from	0	
corporate funds	Springfield, VA 22153	
PURPOSE OF	5 (eee ealegenee neted at the top of the eenedale)	(b) Description
EXPENDITURE	Paper for endorsement card	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Paper for endorsement card
		r aportor oriaoreement cara
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		presentative District 138 State Representative District
	Tidii, Eddoy State No.	oresentative Bistriot 150 State Representative Bistriot

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

Credit Card Layment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/22 Rpt: 18/33	National Rifle Association Political Victory Fur	nd 00016799
4 Date	5 Payee name	
10/10/2024	C2 Imaging, LLC	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$38.30	8000 GRAINGER COURT	
Expenditure from corporate funds	Springfield, VA 22153	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Paper for opposition card	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Tapor ior opposition state	Check if Austin, TX, officeholder living expense
		Paper for opposition card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office so	•
expenditure to benefit C/Oi	Ginsberg, Elizabeth State R	epresentative District 108 State Representative District
Date	Payee name	
10/10/2024	HBP Marketing, LLC	
Amount (\$)	Payee address; City; State; Zip C	Code
\$5,304.13	952 Frederick Street -	
Expenditure from corporate funds	Hagerstown, MD 21740	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Endorsement Card/Postage	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Endorsement Card/Postage
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	Hinojosa, Adam State So	enator District 27 State Senator
Date	Payee name	
10/08/2024	HBP Marketing, LLC	
Amount (\$)	Payee address; City; State; Zip C	Code
\$2,370.06	952 Frederick Street -	,oue
ΨΖ,370.00	332 Fiederick Stieet -	
Expenditure from corporate funds	Hagerstown, MD 21740	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Endorsement Card/Postage	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Endorsement Card/Postage
		Lituoisement Garan ostage
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/O	1	epresentative District 34
	Villaioboo, Borneo	epieseriaave Bisariot e i

### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total manner Cabadula F1.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 8/22 Rpt: 19/33	National Rifle Association Political Victory Fund 00016799
4 Date	5 Payee name
10/10/2024	HBP Marketing, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,745.67	952 Frederick Street -
Expenditure from corporate funds	Hagerstown, MD 21740
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Endorsement Card/Postage  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Endorsement Card/Postage
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Lopez, Janie State Representative District 37 State Representative District 37
Date	Payee name
10/10/2024	HBP Marketing, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1,074.79	952 Frederick Street -
<del>, _,, </del>	
Expenditure from corporate funds	Hagerstown, MD 21740
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Endorsement Card/Postage Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Endorsement Card/Postage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Dete	<u> </u>
Date	Payee name
10/10/2024	HBP Marketing, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$867.95	952 Frederick Street -
Expenditure from corporate funds	Hagerstown, MD 21740
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Endorsement Card/Postage Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Endorsement Card/Postage
	Endoisement Card/Fostage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	Diale Representative District of State Representative District of

### 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 expla	ins how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Fi	lers)
Sch: 9/22 Rpt: 20/33	National Rifle Association Political \	/ictory Fund	00016799	
4 Date	5 Payee name			
10/10/2024	HBP Marketing, LLC			
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code		
\$943.46	952 Frederick Street -			
Expenditure from corporate funds	Hagerstown, MD 21740			
·		//s =		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this Endorsement Card/Postage		vel outside of Texas. Complete Schedule T.	
EXPENDITURE	Endorsement Card/Fostage	ı <u>—</u>	stin, TX, officeholder living expense	
		Endorseme	ent Card/Postage	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	<sup>1</sup> Hickland, Hillary	State Representative Dis	strict 55	
Date	Payee name			
10/10/2024	HBP Marketing, LLC			
Amount (\$)	Payee address; City; St	ate; Zip Code		
\$914.58	952 Frederick Street -			
Expenditure from corporate funds	Hagerstown, MD 21740			
PURPOSE OF	(a) Category (See Categories listed at the top of this			
EXPENDITURE	Endorsement Card/Postage	<u>                                    </u>	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		-	ent Card/Postage	
			3	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/O	H Bumgarner, Ben	State Representative Dis	strict 63 State Representative Distr	ict 63
Date	Payee name			
10/10/2024	HBP Marketing, LLC			
Amount (\$)		ate; Zip Code		
\$962.83	952 Frederick Street -	αιο, Σιρ σουσ		
Ψ302.00	302 i rederior du cet			
Expenditure from corporate funds	Hagerstown, MD 21740			
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description		
OF EXPENDITURE	Endorsement Card/Postage	Check if trav	vel outside of Texas. Complete Schedule T.	
_/			stin, TX, officeholder living expense	
		Endorseme	eni Caru/Fosiaye	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/O		State Representative Dis		ict 66
	Sharleen, watt	State Representative Dis	State Representative Distr	

### 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 complet	e this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/22 Rpt: 21/33	National Rifle Association Political Victory Fund	00016799
4 Date	5 Payee name	•
10/10/2024	HBP Marketing, LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$948.12	952 Frederick Street -	
Expenditure from		
corporate funds	Hagerstown, MD 21740	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Endorsement Card/Postage	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Check it Adsitif, 17, difficeholder living expense  Endorsement Card/Postage
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Leach, Jeff State Represe	entative District 67 State Representative District 67
Date	Payee name	
10/10/2024	HBP Marketing, LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,789.58	952 Frederick Street -	
Expenditure from corporate funds	Hagerstown, MD 21740	
PURPOSE OF	(**************************************	Description
EXPENDITURE	Endorsement Card/Postage	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	1	Endorsement Card/Postage
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	1 Kinard, Steve State Represe	entative District 70
Date	Payee name	
10/10/2024	HBP Marketing, LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,564.69	952 Frederick Street -	
Expenditure from		
corporate funds	Hagerstown, MD 21740	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) I	Description
OF EXPENDITURE	Endorsement Card/Postage	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Endorsement Card/Postage
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	H McLaughlin, Don State Represe	entative District 80

### SCHEDULE F1

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

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

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

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 11/22 Rpt: 22/33	National Rifle Association Political Victory Fun	d 00016799	
4 Date	5 Payee name		
10/10/2024	HBP Marketing, LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1,006.72	952 Frederick Street -		
Expenditure from corporate funds	Hagerstown, MD 21740		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Endorsement Card/Postage	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held	
expenditure to benefit C/O		epresentative District 97	
Date	Payee name		
10/10/2024	HBP Marketing, LLC		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$989.05	952 Frederick Street -	Sue	
Ψ000.00	932 Frederick Street		
Expenditure from corporate funds	Hagerstown, MD 21740		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Endorsement Card/Postage	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Endorsement Card/Postage	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held	
expenditure to benefit C/O	<sup>1</sup> Patterson, Jared State Re	epresentative District 106 State Representative District	
Date	Payee name		
10/10/2024	HBP Marketing, LLC		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$3,245.86	952 Frederick Street -		
Expenditure from corporate funds	Hagerstown, MD 21740		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Endorsement Card/Postage	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Endorsement Card/Postage	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held	
expenditure to benefit C/O	H Chen Button, Angie State Re	epresentative District 112 State Representative District	

### 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 explai	ins how to complet	e this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 12/22 Rpt: 23/33	National Rifle Association Political V	/ictory Fund	00016799
4 Date	5 Payee name		
10/10/2024	HBP Marketing, LLC		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
\$3,617.71	952 Frederick Street -		
Expenditure from corporate funds	Hagerstown, MD 21740		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	s schedule) (b)	Description
EXPENDITURE	Endorsement Card/Postage		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Endorsement Card/Postage
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		ŭ	entative District 118 State Representative District
Date		<u> </u>	·
10/10/2024	Payee name		
	HBP Marketing, LLC		
Amount (\$)	, , , , , , , , , , , , , , , , , , , ,	ate; Zip Code	
\$1,030.94	952 Frederick Street -		
Expenditure from corporate funds	Hagerstown, MD 21740		
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule) (b)	Description
OF EXPENDITURE	Endorsement Card/Postage	[	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Endorsement Card/Postage
			Endorsement Caran ostage
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		ŭ	entative District 121
		Oldio Hopico.	THATIVE DISTRICT 121
Date	Payee name		
10/10/2024	HBP Marketing, LLC		
Amount (\$)		ate; Zip Code	
\$1,309.66	952 Frederick Street -		
Expenditure from			
corporate funds	Hagerstown, MD 21740		
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule) (b) [	Description
OF EXPENDITURE	Endorsement Card/Postage		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE			Check if Austin, TX, officeholder living expense Endorsement Card/Postage
		'	Endorsement Card/Postage
Complete ONLY if direct	Condidate/Officeholder name	Office cought	Office hold
Complete ONLY if direct Candidate/Officeholder name Office sought Office held  expenditure to benefit C/OH Dorazio, Mark State Representative District 122 State Representative Di			
	Dorazio, Mark	State Represe	Thative District 122 State Representative District

### 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 Salarice Magnet/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:		_
Sch: 13/22 Rpt: 24/33	National Rifle Association Political Victory Fund  00016799	
4 Date	5 Payee name	
10/10/2024	HBP Marketing, LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	٦
\$771.55	952 Frederick Street -	
Expenditure from corporate funds	Hagerstown, MD 21740	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Endorsement Card/Postage Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Endorsement Card/Postage	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	=
10/10/2024	HBP Marketing, LLC	
	<u>.                                    </u>	4
Amount (\$)	Payee address; City; State; Zip Code	
\$942.82	952 Frederick Street -	
Expenditure from corporate funds	Hagerstown, MD 21740	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Opposition Card/Postage Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Opposition Card/Postage	
	Opposition Garage	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
- ·		_
Date	Payee name	
10/01/2024	Harlingen Convention Center-Venue	
Amount (\$)	Payee address; City; State; Zip Code	
\$220.47	701 Harlingen Heights Drive	
Expenditure from	Hadiana TV 70552	
corporate funds	Harlingen , TX 78552	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By	
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	
	Venue for event in support of Adam Hinojosa SD-27	٠.
	IN-KIND Contribution.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_

### 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 E Candidate/Officeholder/Politic Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expe al Committee Legal Services Salaries/Wa  The Instruction Guide explains how to com	ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/22 Rpt: 25/33	National Rifle Association Political Victory Fund	00016799
4 Date	5 Payee name	
10/01/2024	Harlingen Convention Center-Venue	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$220.47	701 Harlingen Heights Drive	
Expenditure from corporate funds	Harlingen , TX 78552	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Venue for event in support of Janie Lopez	Check if travel outside of Texas. Complete Schedule T.
_/	HD-37. IN-KIND Contribution.	Check if Austin, TX, officeholder living expense
		Venue for event in support of Janie Lopez HD-37. IN-KIND Contribution.
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/C	Н	
Date	Payee name	
10/08/2024	Myers, Cole	
Amount (\$)	Payee address; City; State; Zip Cod	9
\$83.89	253 Bracken Ln	
Expenditure from corporate funds	Maxwell, TX 78550	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Food for event in support of Adam Hinojosa	Check if travel outside of Texas. Complete Schedule T.
	SD-27 In-kind contribution.	Check if Austin, TX, officeholder living expense  Food for event in support of Adam Hinojosa SD-27.
		In-kind contribution.
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sough	nt Office held
experience to belief ere		
Date	Payee name	
10/01/2024	Myers, Cole	
Amount (\$)	Payee address; City; State; Zip Cod	9
\$83.89	253 Bracken Ln	
Expenditure from corporate funds	Maxwell, TX 78550	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Food cost for event in support of Janie	Check if travel outside of Texas. Complete Schedule T.
	Lopez HD 37. In-Kind Contribution	Check if Austin, TX, officeholder living expense  Food cost for event in support of Janie Lopez HD 37.
		In-Kind Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/C	•	

#### 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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
4. Tatalmana C. 1						
1 Total pages Schedule F1:						
Sch: 15/22 Rpt: 26/33	National Rifle Association Political Victory Fund 00016799					
4 Date	5 Payee name					
10/08/2024	Myers, Cole					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$53.48	253 Bracken Ln					
— Foresteller of forest						
Expenditure from corporate funds	Maxwell, TX 78550					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Food, Drinks, Supplies for event in support					
EXPENDITORE	of John Lujan HD 118. In-Kind Contribution					
	Food, Drinks, Supplies for event in support of John Lujan HD 118. In-Kind Contribution					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experialiture to benefit C/O	'					
Date	Payee name					
10/08/2024	Myers, Cole					
Amount (\$)	Payee address; City; State; Zip Code					
\$53.48	253 Bracken Ln					
Expenditure from corporate funds	Maxwell, TX 78550					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Food, Drinks, Supplies for event in support Check if travel outside of Texas. Complete Schedule T.  Of Mark Dorazio HD-122 In-Kind  Check if Austin, TX, officeholder living expense					
	of Mark Dorazio HD-122. In-Kind Contribution. Contribution. Contribution. Contribution. Contribution. Contribution.					
	Dorazio HD-122. In-Kind Contribution.					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/Ol	<b>o</b>					
Date	Payee name					
10/08/2024	Myers, Cole					
Amount (\$)	Payee address; City; State; Zip Code					
\$53.48	253 Bracken Ln					
, , , ,						
Expenditure from corporate funds	Maxwell, TX 78550					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Food, Drinks, Supplies for event in support					
	of Ben Mostyn HD-117. In-Kind Contribution.					
	Food, Drinks, Supplies for event in support of Ben Mostyn HD-117. In-Kind Contribution.					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/Ol						

### 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/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/22 Rpt: 27/33	National Rifle Association Political Victory Fund 00016799
4 Date	5 Payee name
10/04/2024	National Rifle Association of America Institute for Legislative Action
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$68.41	11250 Waples Mill Road
— Forestitus from	
Expenditure from corporate funds	Fairfax, VA 22030
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Staff time for event in support of Janie  Lonez HD-37 In-kind contribution  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Lopez HD-37 In-kind contribution  Lopez HD-37 In-kind contribution  Lopez HD-37 In-kind contribution  Staff time for event in support of Janie Lopez HD-37
	In-Kind Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
10/04/2024	Payee name  National Rifle Association of America Institute for Legislative Action
	<u> </u>
Amount (\$)	Payee address; City; State; Zip Code
\$68.41	11250 Waples Mill Road
Expenditure from corporate funds	Fairfax, VA 22030
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule)  Staff time for event in support of Adam  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Staff time for event in support of Adam Hinojosa SD-27. In-kind contribution  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Staff time for event in support of Adam Hinojosa SD-
	27. In-kind contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
10/08/2024	National Rifle Association of America Institute for Legislative Action
Amount (\$)	Payee address; City; State; Zip Code
\$53.09	11250 Waples Mill Road
φοσ.υθ	11230 Wapies Will Road
Expenditure from corporate funds	Fairfax, VA 22030
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Staff time for event in support of John Lujan  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	HD 118. In-kind contribution
	Staff time for event in support of John Lujan HD 118. In-kind contribution
	III-kiila collubutioli
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 17/22 Rpt: 28/33	National Rifle Association Political Victory Fund 00016799				
4 Date	5 Payee name				
10/08/2024	National Rifle Association of America Institute for Legislative Action				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$53.09	11250 Waples Mill Road				
Funanditura from					
Expenditure from corporate funds	Fairfax, VA 22030				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Staff time for event in support of Mark  Dorazio HD-122 In-kind contribution  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
	Dorazio HD-122. In-kind contribution.    Check if Austin, TX, officeholder living expense     Staff time for event in support of Mark Dorazio HD-				
	122. In-kind contribution.				
Complete CNII V if direct					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/08/2024	National Rifle Association of America Institute for Legislative Action				
Amount (\$)	Payee address; City; State; Zip Code				
\$53.09	11250 Waples Mill Road				
Expenditure from corporate funds	Fairfax, VA 22030				
•	1				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Staff time for event in support of Mark  Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Staff time for event in support of Mark Dorazio HD 122. In-kind contribution  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
	Staff time for event in support of Ben Mostyn HD				
	117. In-kind contribution				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Date	Payee name				
10/08/2024	i360, LLC				
Amount (\$)	Payee address; City; State; Zip Code				
\$620.40	29374 Network Place				
Expenditure from corporate funds	Chicago, IL 60673-1293				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	peer to peer text messages    Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	peer to peer text messages				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	Hinojosa, Adam State Senator District 27 State Senator District 27				

### 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

Travel in District
Travel Out of Dist

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: 18/22 Rpt: 29/33	National Rifle Association Political Victory Fun	d 00016799
4 Date	5 Payee name	
10/08/2024	i360, LLC	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$176.70	29374 Network Place	
Expenditure from		
corporate funds	Chicago, IL 60673-1293	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	peer to peer text messages	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense peer to peer text messages
		poor to poor text messages
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI	<sup>1</sup> Villalobos, Denise State Re	epresentative District 34
Date	Payee name	
10/08/2024	i360, LLC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$113.35	29374 Network Place	
•		
Expenditure from corporate funds	Chicago, IL 60673-1293	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	peer to peer text messages	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		peer to peer text messages
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	H Lopez, Janie State Re	epresentative District 37 State Representative District 37
Date	Payee name	
10/08/2024	i360, LLC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$319.75	29374 Network Place	
Expenditure from corporate funds	Chicago, IL 60673-1293	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	peer to peer text messages	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		peer to peer text messages
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	J	epresentative District 52 State Representative District 52

### 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 expl	ains how to complete	this form.	(	
1 Total pages Schedule F1:				r ID (Ethics Commission Filers	 i)
Sch: 19/22 Rpt: 30/33	National Rifle Association Political Victory Fund 00016799				
4 Date	5 Payee name				
10/08/2024	i360, LLC				
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code			
\$368.80	29374 Network Place				
Expenditure from corporate funds	Chicago, IL 60673-1293				
8 PURPOSE OF	(a) Category (See Categories listed at the top of the	is schedule) (b) D	escription		
EXPENDITURE	peer to peer text messages		Check if travel outside of Theck if Austin, TX, office	Texas. Complete Schedule T.	
			eer to peer text me		
				g	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
expenditure to benefit C/OI		•	ntative District 54	State Representative District	54
		——————————————————————————————————————	Thative Bistrict 54		<del>-</del>
Date	Payee name				
10/08/2024	i360, LLC				
Amount (\$)	Payee address; City; S	tate; Zip Code			
\$367.25	29374 Network Place				
Expenditure from corporate funds	Chicago, IL 60673-1293				
PURPOSE	(a) Category (See Categories listed at the top of th	is ashadula) (b) D	escription		_
OF	peer to peer text messages	is scriedule)	_	Texas. Complete Schedule T.	
EXPENDITURE	poor to poor tone moodages		Check if Austin, TX, office	holder living expense	
		р	eer to peer text me	ssages	
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
expenditure to benefit C/OI	<sup>H</sup> Hickland, Hillary	State Represe	ntative District 55		
Date	Payee name				
10/08/2024	i360, LLC				
Amount (\$)		tate; Zip Code			
\$185.95	29374 Network Place				
Ψ100.00	2007 Protivora Rado				
Expenditure from corporate funds	Chicago, IL 60673-1293				
PURPOSE	(a) Category (See Categories listed at the top of th	is schedule) (b) D	escription		
OF EXPENDITURE	peer to peer text messages	´   [	Check if travel outside of	Texas. Complete Schedule T.	
EXPENDITORE		[	Check if Austin, TX, office		
		p	eer to peer text me	ssages	
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
expenditure to benefit C/OI	H Bumgarner, Ben	State Represe	ntative District 63	State Representative District	63

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/22 Rpt: 31/33	National Rifle Association Political Victory Fund 00016799
4 Date	5 Payee name
10/08/2024	i360, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$165.00	29374 Network Place
Expenditure from corporate funds	Chicago, IL 60673-1293
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	peer to peer text messages Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	peer to peer text messages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	State Representative District 66 State Representative District 66
Date	Payee name
10/08/2024	i360, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$306.10	29374 Network Place
·	
Expenditure from corporate funds	Chicago, IL 60673-1293
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	peer to peer text messages
_/	Check if Austin, TX, officeholder living expense
	peer to peer text messages
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to better 6/01	Leach, Jeff State Representative District 67 State Representative District 67
Date	Payee name
10/08/2024	i360, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$87.50	29374 Network Place
Expenditure from corporate funds	Chicago, IL 60673-1293
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	peer to peer text messages
EXPENDITORE	Check if Austin, TX, officeholder living expense
	peer to peer text messages
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1 Kinard, Steve State Representative District 70

### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/22 Rpt: 32/33	National Rifle Association Political Victory Fund 00016799
4 Date	5 Payee name
10/08/2024	i360, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$201.05	29374 Network Place
Expenditure from corporate funds	Chicago, IL 60673-1293
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	peer to peer text messages  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	peer to peer text messages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	McLaughlin , Don State Representative District 80
Date	Payee name
10/08/2024	i360, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$189.60	29374 Network Place
Expenditure from corporate funds	Chicago, IL 60673-1293
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	peer to peer text messages  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	peer to peer text messages
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Chen Button , Angie State Representative District 112 State Representative District
Date	Payee name
10/08/2024	i360, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$250.75	29374 Network Place
Expenditure from corporate funds	Chicago, IL 60673-1293
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	peer to peer text messages  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	peer to peer text messages
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Lujan, John State Representative District 118 State Representative District

### 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

		Legal Services	e Printing Ex Salaries/W	kpense /ages/Contract Labor		
Total pages Schedule F1:	2 FII FR NAM				3 Filer ID	(Ethics Commission Filers)
Sch: 22/22 Rpt: 33/33	l		al Victory Fund	t	1	
Date	5 Payee name	)			•	
10/08/2024	i360, LLC					
Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de		
\$160.85	29374 Net	work Place				
Expenditure from corporate funds	Chicago, IL	_ 60673-1293				
PURPOSE	(a) Category (s	See Categories listed at the top of	f this schedule)	(b) Description		
	peer to pee	er text messages		<u> </u>		
				peer to pee	i text message:	•
Complete ONLY if direct	Candidate/Off	ficeholder name	Office sou	aht	Office	neld
expenditure to benefit C/OI	Hull, Lacey	nocholaci hame				
	Contributions/ Donations Made B: Candidate/Officeholder/Politica Credit Card Payment  Total pages Schedule F1: Sch: 22/22 Rpt: 33/33  Date 10/08/2024  Amount (\$)  \$160.85  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment  Total pages Schedule F1: 2 FILER NAM National Ri Sch: 22/22 Rpt: 33/33 National Ri Date 5 Payee name i360, LLC  Amount (\$) 7 Payee addre 29374 Netron Corporate funds Chicago, IL  Expenditure from Corporate funds Chicago, IL  PURPOSE OF EXPENDITURE (a) Category (s) peer to peer complete ONLY if direct Candidate/Office Complete ONLY if direct Candidate/Office Conditions and Candidate/Office Conditions Committee Conditions Committee Committee Conditions	Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment  Total pages Schedule F1: Sch: 22/22 Rpt: 33/33  Date 10/08/2024  Amount (\$)  PURPOSE OF EXPENDITURE  Candidate/Officeholder/Political Committee  Credit Card Payment  The Instruction Guide ex  FILER NAME National Rifle Association Political National Rifle Association Political National Rifle Association Political Payee name i360, LLC  7 Payee address; City; 29374 Network Place  Chicago, IL 60673-1293  (a) Category (See Categories listed at the top of peer to peer text messages)  Complete ONLY if direct  Candidate/Officeholder name	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment  The Instruction Guide explains how to co  Total pages Schedule F1:  Sch: 22/22 Rpt: 33/33  Date  10/08/2024  Amount (\$)  \$160.85  Payee address; City; State; Zip Cores 29374 Network Place  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) peer to peer text messages  Complete ONLY if direct Candidate/Officeholder name  Office sou	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment  Total pages Schedule F1: Sch: 22/22 Rpt: 33/33  Date 10/08/2024  Amount (\$)  Expenditure from corporate funds  Purpose OF EXPENDITURE  Candidate/Officeholder name  Candidate/Officeholder name  Candidate/Officeholder name  Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.  Pinting Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.  Purpose Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.  State: Stat	Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment  The Instruction Guide explains how to complete this form.  Total pages Schedule F1: Sch: 22/22 Rpt: 33/33  National Rifle Association Political Victory Fund  5 Payee name i360, LLC  Amount (\$)  Fuper address; City; State; Zip Code  Expenditure from corporate funds  Chicago, IL 60673-1293  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) peer to peer text messages  Candidate/Officeholder name  Office longer to peer text messages