

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016799	2 Total pages filed: 33
3 COMMITTEE NAME National Rifle Association Political Victory Fund		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/28/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11250 Waples Mill Rd. Fairfax, VA 22030		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Zak	MI	
	NICKNAME LAST Funderburk	SUFFIX	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11250 Waples Mill Road Fairfax, VA 22030		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (703) 267-1152		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09/27/2024 10/26/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME National Rifle Association Political Victory Fund	13 Filer ID (Ethics Commission Filers) 00016799
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		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.)	Brad Buckley State Representative	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	38,342.82
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	38,343.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Zak Funderburk

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME National Rifle Association Political Victory Fund		13 Filer ID (Ethics Commission Filers) 00016799
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Hillary Hickland State Representative 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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 Representative
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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 Representative	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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12 COMMITTEE NAME National Rifle Association Political Victory Fund		13 Filer ID (Ethics Commission Filers) 00016799
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported McLaughlin Don State Representative 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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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 Representative

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
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12 COMMITTEE NAME National Rifle Association Political Victory Fund		13 Filer ID (Ethics Commission Filers) 00016799
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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 Representative
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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 Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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 Representative

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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12 COMMITTEE NAME National Rifle Association Political Victory Fund		13 Filer ID (Ethics Commission Filers) 00016799
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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 Representative
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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 Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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 Representative

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

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12 COMMITTEE NAME National Rifle Association Political Victory Fund		13 Filer ID (Ethics Commission Filers) 00016799
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Denise Villalobos State Representative 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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.)	Caroline Harris Davila State Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Steve Kinard State Representative 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.)	

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12 COMMITTEE NAME National Rifle Association Political Victory Fund		13 Filer ID (Ethics Commission Filers) 00016799	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		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.)	Benevolent Mostyn State Representative	

SUBTOTALS - GPAC

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 11/33
2 FILER NAME National Rifle Association Political Victory Fund		3 Filer ID (Ethics Commission Filers) 00016799
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unitemized Lump Sum, Unitemized 6 Contributor address; City; State; Zip Code Various, TX 78701	7 Amount of Contribution (\$) \$38,342.82
8 Principal occupation / Job title (See Instructions) n/a		9 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/22 Rpt: 12/33	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 (\$) \$247.68 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hinojosa, Andrew	Office sought State Senator District 27
		Office held State Senator District 27
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$94.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Villalobos, Denise	Office sought State Representative District 34
		Office held
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$72.43 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lopez, Janie	Office sought State Representative Place 37
		Office held State Representative District 37

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/22 Rpt: 13/33	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 (\$) \$43.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harris Davilla, Caroline	Office sought State Representative District 52
		Office held State Representative District 52
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$35.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Buckley, Brad	Office sought State Representative District 54
		Office held State Representative District 54
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$38.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hickland, Hillary	Office sought State Representative District 55
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/22 Rpt: 14/33	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 (\$) \$37.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bumgarner, Ben	Office sought State Representative District 63
		Office held State Representative District 63
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$39.55 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shaheen, Matt	Office sought Office held
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$38.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Leach, Jeff	Office sought State Representative District 67
		Office held State Representative District 67

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how 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 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Kinard, Steve	Office sought State Representative District 70
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$106.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McLaughlin, Don	Office sought State Representative District 80
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$41.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McQueeny, John	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/22 Rpt: 16/33	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 (\$) \$40.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Patterson, Jared	Office sought State Representative District 106
		Office held State Representative District
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$136.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Chen Button, Angie	Office sought State Representative District 112
		Office held State Representative District
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$151.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lujan, John	Office sought State Representative District 118
		Office held State Representative District

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/22 Rpt: 17/33	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 (\$) \$42.43 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for endorsement card
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LaHood, Marc	Office sought State Representative District 121
		Office held State Representative District
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$54.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 Dorazio, Mark	Office sought State Representative District 122
		Office held State Representative District
Date 10/10/2024	Payee name C2 Imaging, LLC	
Amount (\$) \$30.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for endorsement card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 Hull, Lacey	Office sought State Representative District 138
		Office held State Representative District

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/22 Rpt: 18/33	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 (\$) \$38.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8000 GRAINGER COURT Springfield, VA 22153	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Paper for opposition card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Paper for opposition card
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ginsberg, Elizabeth	Office sought State Representative District 108
		Office held State Representative District
Date 10/10/2024	Payee name HBP Marketing, LLC	
Amount (\$) \$5,304.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hinojosa, Adam	Office sought State Senator District 27
		Office held State Senator
Date 10/08/2024	Payee name HBP Marketing, LLC	
Amount (\$) \$2,370.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Villalobos, Denise	Office sought State Representative District 34
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/22 Rpt: 19/33	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 10/10/2024	5 Payee name HBP Marketing, LLC	
6 Amount (\$) \$1,745.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lopez, Janie	Office sought State Representative District 37
		Office held State Representative District 37
Date 10/10/2024	Payee name HBP Marketing, LLC	
Amount (\$) \$1,074.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harris Davila, Caroline	Office sought State Representative District 54
		Office held State Representative District 54
Date 10/10/2024	Payee name HBP Marketing, LLC	
Amount (\$) \$867.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Buckley, Brad	Office sought State Representative District 54
		Office held State Representative District 54

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/22 Rpt: 20/33	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 10/10/2024	5 Payee name HBP Marketing, LLC	
6 Amount (\$) \$943.46 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hickland, Hillary	Office sought State Representative District 55
Date 10/10/2024	Payee name HBP Marketing, LLC	
Amount (\$) \$914.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bumgarner, Ben	Office sought State Representative District 63
Date 10/10/2024	Payee name HBP Marketing, LLC	
Amount (\$) \$962.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shaheen, Matt	Office sought State Representative District 66

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/22 Rpt: 22/33	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 10/10/2024	5 Payee name HBP Marketing, LLC	
6 Amount (\$) \$1,006.72 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McQueeny, John	Office sought State Representative District 97
Date 10/10/2024	Payee name HBP Marketing, LLC	
Amount (\$) \$989.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Patterson, Jared	Office sought State Representative District 106
Office held State Representative District		
Date 10/10/2024	Payee name HBP Marketing, LLC	
Amount (\$) \$3,245.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Chen Button, Angie	Office sought State Representative District 112
Office held State Representative District		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/22 Rpt: 23/33	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 10/10/2024	5 Payee name HBP Marketing, LLC	
6 Amount (\$) \$3,617.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lujan, John	Office sought State Representative District 118
		Office held State Representative District
Date 10/10/2024	Payee name HBP Marketing, LLC	
Amount (\$) \$1,030.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LaHood, Marc	Office sought State Representative District 121
		Office held
Date 10/10/2024	Payee name HBP Marketing, LLC	
Amount (\$) \$1,309.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dorazio, Mark	Office sought State Representative District 122
		Office held State Representative District

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/22 Rpt: 24/33	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 10/10/2024	5 Payee name HBP Marketing, LLC	
6 Amount (\$) \$771.55 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Endorsement Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Card/Postage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hull, Lacey	Office sought State Representative District 138
		Office held State Representative District
Date 10/10/2024	Payee name HBP Marketing, LLC	
Amount (\$) \$942.82 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 952 Frederick Street - Hagerstown, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Opposition Card/Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Opposition Card/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ginsberg, Elizabeth	Office sought State Representative District 108
		Office held State Representative District
Date 10/01/2024	Payee name Harlingen Convention Center-Venue	
Amount (\$) \$220.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 701 Harlingen Heights Drive Harlingen , TX 78552	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue for event in support of Adam Hinojosa SD-27. IN-KIND Contribution.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/22 Rpt: 25/33	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
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4 Date 10/01/2024	5 Payee name Harlingen Convention Center-Venue
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6 Amount (\$) \$220.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 701 Harlingen Heights Drive Harlingen , TX 78552
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Venue for event in support of Janie Lopez HD-37. IN-KIND Contribution.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue for event in support of Janie Lopez HD-37. IN-KIND Contribution.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2024	Payee name Myers, Cole
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Amount (\$) \$83.89 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 253 Bracken Ln Maxwell, TX 78550
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food for event in support of Adam Hinojosa SD-27 In-kind contribution.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for event in support of Adam Hinojosa SD-27. In-kind contribution.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/01/2024	Payee name Myers, Cole
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Amount (\$) \$83.89 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 253 Bracken Ln Maxwell, TX 78550
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food cost for event in support of Janie Lopez HD 37. In-Kind Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food cost for event in support of Janie Lopez HD 37. In-Kind Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/22 Rpt: 26/33	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 10/08/2024	5 Payee name Myers, Cole	
6 Amount (\$) \$53.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 253 Bracken Ln Maxwell, TX 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food, Drinks, Supplies for event in support of John Lujan HD 118. In-Kind Contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food, Drinks, Supplies for event in support of John Lujan HD 118. In-Kind Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Myers, Cole	
Amount (\$) \$53.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 253 Bracken Ln Maxwell, TX 78550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food, Drinks, Supplies for event in support of Mark Dorazio HD-122. In-Kind Contribution.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food, Drinks, Supplies for event in support of Mark Dorazio HD-122. In-Kind Contribution.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Myers, Cole	
Amount (\$) \$53.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 253 Bracken Ln Maxwell, TX 78550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food, Drinks, Supplies for event in support of Ben Mostyn HD-117. In-Kind Contribution.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food, Drinks, Supplies for event in support of Ben Mostyn HD-117. In-Kind Contribution.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/22 Rpt: 28/33	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
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4 Date 10/08/2024	5 Payee name National Rifle Association of America Institute for Legislative Action
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6 Amount (\$) \$53.09 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11250 Waples Mill Road Fairfax, VA 22030
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Staff time for event in support of Mark Dorazio HD-122. In-kind contribution.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff time for event in support of Mark Dorazio HD-122. In-kind contribution.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2024	Payee name National Rifle Association of America Institute for Legislative Action
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Amount (\$) \$53.09 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11250 Waples Mill Road Fairfax, VA 22030
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Staff time for event in support of Mark Dorazio HD 122. In-kind contribution	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Staff time for event in support of Ben Mostyn HD 117. In-kind contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2024	Payee name i360, LLC
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Amount (\$) \$620.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) peer to peer text messages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hinojosa, Adam	Office sought State Senator District 27	Office held State Senator District 27
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/22 Rpt: 29/33	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 10/08/2024	5 Payee name i360, LLC	
6 Amount (\$) \$176.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) peer to peer text messages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Villalobos, Denise	Office sought State Representative District 34
Date 10/08/2024	Payee name i360, LLC	
Amount (\$) \$113.35 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) peer to peer text messages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lopez, Janie	Office sought State Representative District 37
Date 10/08/2024	Payee name i360, LLC	
Amount (\$) \$319.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) peer to peer text messages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harris Davila, Caroline	Office sought State Representative District 52

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/22 Rpt: 30/33	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 10/08/2024	5 Payee name i360, LLC	
6 Amount (\$) \$368.80 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) peer to peer text messages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Buckley, Brad	Office sought State Representative District 54
		Office held State Representative District 54
Date 10/08/2024	Payee name i360, LLC	
Amount (\$) \$367.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) peer to peer text messages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hickland, Hillary	Office sought State Representative District 55
		Office held
Date 10/08/2024	Payee name i360, LLC	
Amount (\$) \$185.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) peer to peer text messages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bumgarner, Ben	Office sought State Representative District 63
		Office held State Representative District 63

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/22 Rpt: 33/33	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 10/08/2024	5 Payee name i360, LLC	
6 Amount (\$) \$160.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) peer to peer text messages	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hull, Lacey	Office sought State Representative District 138
		Office held State Representative District