

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

| | |
|--|---|
| 12 COMMITTEE NAME AFC Victory Fund | 13 Filer ID (Ethics Commission Filers) 00088032 |
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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 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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|-------------------------------|---|---------------|
| 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) | \$ 9,843.77 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 551,112.29 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 109,961.74 |
| 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.

Lisa Lisker

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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| | |
|--|---|
| 12 COMMITTEE NAME AFC Victory Fund | 13 Filer ID (Ethics Commission Filers) 00088032 |
|--|---|

| | | |
|---|--|---|
| 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 Solomon Ortiz 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.) | |
| | | |

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| 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 Jonathan Gracia 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.) | |
| | | |

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|--|--|---|
| 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 Kristian Carranza 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.) | |
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|---|--|--|
| 12 COMMITTEE NAME AFC Victory Fund | | 13 Filer ID (Ethics Commission Filers) 00088032 |
| 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 Cecilia Castellano 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 Laurel Swift 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.) | |
| 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 Denis 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.) | |

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|---|--|--|
| 12 COMMITTEE NAME AFC Victory Fund | | 13 Filer ID (Ethics Commission Filers) 00088032 |
| 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 Janie Lopez 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 John Lujan 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 Don McLaughlin 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.) | |

MONTHLY FILING GPAC REPORT: PURPOSE

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|---|--|---|
| 12 COMMITTEE NAME AFC Victory Fund | | 13 Filer ID (Ethics Commission Filers) 00088032 |
| 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 Marc LaHood 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.) | |
| | | |

SUBTOTALS - MPAC

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|--|--|---|
| 17 COMMITTEE NAME AFC Victory Fund | | 18 Filer ID (Ethics Commission Filers) 00088032 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 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 checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ 9,843.77 |
| 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 | \$ 522,855.10 |
| 11. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 28,257.19 |
| 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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 156,809.26 |

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

SCHEDULE C2

| | | | |
|---|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C2: Sch: 1/1 Rpt: 8/21 | |
| 2 FILER NAME AFC Victory Fund | | 3 Filer ID (Ethics Commission Filers) 00088032 | |
| 4 Date 11/24/2024 | 5 Corporation / Labor Organization name American Federation for Children Inc. | 7 Amount of contribution(\$) \$9,843.77 | 8 In-kind contribution description In Kind-Staff Time |
| | 6 Corporation / Labor Organization address; City; State; Zip Code Columbia, MD 21044 | | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | |

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: 1/9 Rpt: 9/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
|---|---|--|

| | |
|-----------------------------|-----------------------------------|
| 4 Date 11/05/2024 | 5 Payee name CampaignHQ |
|-----------------------------|-----------------------------------|

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|--|---|
| 6 Amount (\$) \$10,038.90 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 257 Brooklyn, IA 52211 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Voter Calls-Support Steve Kinard HD70 |
|---------------------------------|--|--|

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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Kinard, Steve | Office sought State Representative District 70 | Office held |
|--|--|---|-------------|

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|--------------------|--------------------------|
| Date 11/05/2024 | Payee name Chase Bank |
|--------------------|--------------------------|

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|--|--|
| Amount (\$) \$652.50 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 8111 Preston Rd, 2nd Fl. Dallas, TX 75225 |
|--|--|

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|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees |
|-------------------------------|---|---|

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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 10/28/2024 | Payee name Flexpoint Media Inc |
|--------------------|-----------------------------------|

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| Amount (\$) \$240,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 1051 Albany, OH 43054 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Media Buy-NON TX Activity |
|-------------------------------|--|--|

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|---|-----------------------------|---------------|-------------|
| 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: 2/9 Rpt: 10/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
|--|---|--|

| | |
|-----------------------------|-------------------------------------|
| 4 Date 10/31/2024 | 5 Payee name Go Big Media |
|-----------------------------|-------------------------------------|

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|-------------------------------------|---|
| 6 Amount (\$) \$24,000.00 | 7 Payee address; City; State; Zip Code PO Box 25026 Washington, DC 20027 |
|-------------------------------------|---|

Expenditure from corporate funds

| | | |
|---------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital Ads-NON TX Activity |
|---------------------------------|---|--|

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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 10/31/2024 | Payee name Huckaby Davis Lisker |
|--------------------|------------------------------------|

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|---------------------------|--|
| Amount (\$) \$9,772.67 | Payee address; City; State; Zip Code 228 S Washington St Ste 115 Alexandria, VA 22314 |
|---------------------------|--|

Expenditure from corporate funds

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting |
|-------------------------------|---|---|

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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 10/30/2024 | Payee name Ragnar Research Partners LLC |
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|---------------------------|---|
| Amount (\$) \$8,675.00 | Payee address; City; State; Zip Code 103 E ST SE Washington, DC 20003 |
|---------------------------|---|

Expenditure from corporate funds

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|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research |
|-------------------------------|---|--|

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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: 3/9 Rpt: 11/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
| 4 Date 11/01/2024 | 5 Payee name The Lukens Company | |
| 6 Amount (\$) \$34,913.80 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2800 Shirlington Rd Ste 900 Arlington, VA 22206 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Mail-NON TX Activity |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 11/18/2024 | Candidate/Officeholder name The Lukens Company | |
| Amount (\$) \$35,398.72 <input type="checkbox"/> Expenditure from corporate funds | Office sought 2800 Shirlington Rd Ste 900 Arlington, VA 22206 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Mail-NON TX Activity |
| Office held | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/27/2024 | Candidate/Officeholder name Victory Enterprises | |
| Amount (\$) \$35,819.26 <input type="checkbox"/> Expenditure from corporate funds | Office sought 5200 30th St SW Davenport, IA 52802 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital Ads-NON TX Activity |
| Office held | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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: 4/9 Rpt: 12/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
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|-----------------------------|--|
| 4 Date 10/31/2024 | 5 Payee name Victory Enterprises |
|-----------------------------|--|

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| 6 Amount (\$) \$55,459.39 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 5200 30th St SW Davenport, IA 52802 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital Ads-NON TX Activity |
|---------------------------------|--|--|

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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 11/01/2024 | Payee name Victory Enterprises |
|--------------------|-----------------------------------|

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| Amount (\$) \$18,829.79 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5200 30th St SW Davenport, IA 52802 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital Ads-NON TX Activity |
|-------------------------------|--|--|

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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 11/18/2024 | Payee name Victory Enterprises |
|--------------------|-----------------------------------|

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| Amount (\$) \$34,722.89 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5200 30th St SW Davenport, IA 52802 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital Ads-NON TX Activity |
|-------------------------------|--|--|

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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: 5/9 Rpt: 13/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
| 4 Date 10/31/2024 | 5 Payee name Victory Text LLC | |
| 6 Amount (\$) \$2,943.22 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital-Oppose Ortiz, Solomon HD34 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Ortiz, Solomon | Office sought State Representative District 34 |
| Date 10/31/2024 | Payee name Victory Text LLC | |
| Amount (\$) \$2,193.80 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital-Oppose Gracia, Jonathan HD37 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Gracia, Jonathan | Office sought State Representative District 37 |
| Date 10/31/2024 | Payee name Victory Text LLC | |
| Amount (\$) \$2,528.54 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Mail-Oppose Carranza, Kristian HD118 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Carranza, Kristian | Office sought State Representative District 118 |

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: 6/9 Rpt: 14/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
| 4 Date 10/31/2024 | 5 Payee name Victory Text LLC | |
| 6 Amount (\$) \$1,351.63 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Mail-Oppose Castellano, Cecilia HD80 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Castellano, Cecilia | Office sought State Representative District 80 |
| Date 10/31/2024 | Payee name Victory Text LLC | |
| Amount (\$) \$518.49 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital-Support Villalobos, Denis HD34 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Villalobos, Denis | Office sought State Representative District 34 |
| Date 10/31/2024 | Payee name Victory Text LLC | |
| Amount (\$) \$703.08 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital-Support Lopez, Janie HD37 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lopez, Janie | Office sought 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: 7/9 Rpt: 15/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
| 4 Date 10/31/2024 | 5 Payee name Victory Text LLC | |
| 6 Amount (\$) \$226.59 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital-Support LaHood, Marc HD121 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name LaHood, Marc | Office sought Office held State Representative District 121 |
| Date 10/31/2024 | Payee name Victory Text LLC | |
| Amount (\$) \$1,453.62 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Mail-Oppose Swift, Laurel HD121 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Swift, Laurel | Office sought Office held State Representative District 121 |
| Date 10/31/2024 | Payee name Victory Text LLC | |
| Amount (\$) \$534.24 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital-Support Lujan, John HD118 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Lujan, John | Office sought Office held State Representative District 118 |

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: 8/9 Rpt: 16/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
| 4 Date 10/31/2024 | 5 Payee name Victory Text LLC | |
| 6 Amount (\$) \$599.20 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital-Support McLaughlin, Don HD80 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name McLaughlin, Don | Office sought State Representative District 80 |
| Date 11/05/2024 | Payee name Victory Text LLC | |
| Amount (\$) \$322.98 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital Oppose Jonathan Gracia HD37 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Gracia, Jonathan | Office sought State Representative District 37 |
| Date 11/05/2024 | Payee name Victory Text LLC | |
| Amount (\$) \$609.21 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital AdsOppose Kristian Carranza HD118 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Carranza, Kristian | Office sought State Representative District |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 9/9 Rpt: 17/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
| 4 Date 11/05/2024 | 5 Payee name Victory Text LLC | |
| 6 Amount (\$) \$587.58 | 7 Payee address; City; State; Zip Code 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503 | |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense IE-Digital Ads-Oppose Laurel Swift HD121 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Swift, Laurel | Office sought State Representative District 121 |
| Office held | | |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 1/3 Rpt: 18/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

| | |
|-----------------------------|--|
| 5 Date 11/01/2024 | 6 Payee name CP Strategies LLC |
|-----------------------------|--|

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|---|--|
| 7 Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds | 8 Payee address; City; State; Zip Code 1327 H ST Ste 303 Lincoln, NE 68508 |
|---|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Strategic Consulting |
|----------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------|
| Date 11/01/2024 | Payee name Cygnal |
|--------------------|----------------------|

| | |
|---|--|
| Amount (\$) \$15,057.19 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 90017th St NW Ste 950 Washington, DC 20006 |
|---|--|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research |
|-------------------------------|---|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F2: Sch: 2/3 Rpt: 19/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
|--|---|--|

| | |
|--|-----------|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|-----------|

| | |
|-----------------------------|-------------------------------------|
| 5 Date 11/01/2024 | 6 Payee name Drogin Group |
|-----------------------------|-------------------------------------|

| | |
|---|--|
| 7 Amount (\$) \$6,700.00 <input type="checkbox"/> Expenditure from corporate funds | 8 Payee address; City; State; Zip Code 6705 W Hwy 290 Ste 50281 Austin, TX 50281 |
|---|--|

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Strategic/Fundraising Consulting |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 11/01/2024 | Payee name Michele Blood-DBA New Jersey Writer |
|--------------------|---|

| | |
|--|---|
| Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5 Elm Terrace Flemington, NJ 08822 |
|--|---|

| | |
|----------------------------|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|----------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Strategic Consulting |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| |
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F2: Sch: 3/3 Rpt: 20/21 | 2 FILER NAME AFC Victory Fund | 3 Filer ID (Ethics Commission Filers) 00088032 |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

| | |
|-----------------------------|---|
| 5 Date 11/01/2024 | 6 Payee name Uptown Solutions LLC |
|-----------------------------|---|

| | |
|------------------------------------|--|
| 7 Amount (\$) \$1,000.00 | 8 Payee address; City; State; Zip Code 2414 19th St NW #34 Washington, DC 20009 |
|------------------------------------|--|

Expenditure from corporate funds

| | |
|------------------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

| | | |
|----------------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Consulting |
|----------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 21/21 |
| 2 FILER NAME AFC Victory Fund | | 3 Filer ID (Ethics Commission Filers) 00088032 |
| 4 Date 11/06/2024 | 5 Name of person from whom amount is received American Federation for Children Inc. | 8 Amount (\$) \$156,809.26 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Columbia, MD 21044 | |
| | 7 Purpose for which amount is received Transfer of insurance proceeds for fraud disclosed 7/19/24 | <input type="checkbox"/> Check if political contribution returned to filer |