FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088032 3 COMMITTEE NAME **OFFICE USE ONLY** AFC Victory Fund Date Received **ELECTRONICALLY FILED** 12/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 228 S. Washington St. Ste. 115 Change of Address Alexandria, VA 22314 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Lisa NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Lisker CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 228 S. Washington St. Ste. 115 STREET **ADDRESS** (Residence or Business) Alexandria, VA 22314 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 228 S. Washington St. Ste. 115 MAILING **ADDRESS** Change of Address Alexandria, VA 22314 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (703) 281-7540 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
AFC Victory Fund		00088032	2
1. Candidates ACTIVITY (Identify by name or, if applicable, classify by pa	A. Supported Steve Kinard State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures (Describe by date and lor of election and nature of			
	B. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by pa	rty.)		
TOTALS PLEDGES, LO, CONTRIBUTIO	MIZED POLITICAL CONTRIBUTIONS (OTHER THAN ANS, OR GUARANTEES OF LOANS, OR NS MADE ELECTRONICALLY) report qualifies for the higher itemization threshold	\$	0.00
	TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,843.77
EXPENDITURE 3. TOTAL UNITED TOTALS	MIZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POLI	TICAL EXPENDITURES	\$	551,112.29
	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST RTING PERIOD	T DAY \$	109,961.74
	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT		<u>l</u>	
	I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
	Lisa	a Lisker	
	Signature of Ca	ampaign Treas	urer
AFFIX NOTARY STAMP / SEAL ABO	OVE		
Sworn to and subscribed before me, by the s	aid,	this the	day
of, 20, to ca	ertify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of offi	cer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

						Page 3 of 21
L2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
AFC Victory Fund					00088032	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Solomon Ortiz	State Representa	ntive	
	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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Jonathan Gracia	State Represe	ntative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Kristian Carranz	a State Represe	entative	
	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

FORM MPAC **ADDENDUM**

					Page 4 of 21
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
AFC Victory Fund				00088032	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Cecilia Castellano State	Representative	
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Laurel Swift State Repre	sentative	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Denis Villalobos State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

									ge 5 of 21
L2 COMMITTEE NAME							13 Filer ID	(Ethics Commi	ssion Filers)
AFC Victory Fund							00088032	<u></u>	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	.)	Supported	Janie Lopez	State Repr	esentativ	/e		
paper to complete this report if necessary.)			Opposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported						
		В. С	Opposed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	.)							
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	John Lujan	State Repre	sentative	9		
(Attach lists on plain paper to complete this report if necessary.)		В. С	Opposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported						
		В. С	Opposed	_			_		_
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	.)	_						
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Don McLau	ghlin State F	Represer	ntative		
(Attach lists on plain paper to complete this report if necessary.)			Opposed						
	Measures (Describe by date and location of election and nature of issue.)		Supported						
		В. (Opposed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 6 of 21 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) AFC Victory Fund 00088032 14 COMMITTEE 1. Candidates A. Supported Marc LaHood State Representative **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) B. Opposed A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

	7 of 21
17 COMMITTEE NAME 18 Filer ID AFC Victory Fund 00088032	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. X SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 9,843.77
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS	\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 522,855.10
11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 28,257.19
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. X 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

Sch: 1/1 Rpt: 8/21 2 FILER NAME AFC Victory Fund 4 Date
Date 11/24/2024 5 Corporation / Labor Organization name American Federation for Children Inc. 6 Corporation / Labor Organization address; City; State; Zip Code 7 Amount of contribution(\$) \$9,843.77 In
Columbia, MD 21044
Columbia, MD 21044 Check if travel outside of Tex

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Centers a cotogony not listed above)

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 1/9 Rpt: 9/21	AFC Victory Fund 00088032	
4 Date	5 Payee name	
11/05/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	Π
\$10,038.90	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense IE-Voter Calls-Support Steve Kinard HD70	
	12 Votel Gails Support Steve Milara 11576	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	+
expenditure to benefit C/OI		
Data	<u> </u>	=
Date	Payee name Chase Bank	
11/05/2024	Chase Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$652.50	8111 Preston Rd, 2nd Fl.	
Expenditure from		
corporate funds	Dallas, TX 75225	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Bank Fees	
	DAIN FEES	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_
Date	Payee name	
10/28/2024	Flexpoint Media Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$240,000.00	PO Box 1051	
Expenditure from		
corporate funds	Albany, OH 43054	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
E/11 E1191. C.1.	Check if Austin, TX, officeholder living expense	
	IE-Media Buy-NON TX Activity	
Commission ONII V if dispose	Constitute / Office helder mores Office pour by Office held	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
·		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/9 Rpt: 10/21	AFC Victory Fund 00088032
4 Date	5 Payee name
10/31/2024	Go Big Media
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$24,000.00	PO Box 25026
Ψ2 1,000.00	1 0 DOX 20020
Expenditure from corporate funds	Washington, DC 20027
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	IE-Digital Ads-NON TX Activity
O Commission ONUVIVIII	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/31/2024	Huckaby Davis Lisker
Amount (\$)	Payee address; City; State; Zip Code
\$9,772.67	228 S Washington St
. ,	Ste 115
X Expenditure from corporate funds	Alexandrai, VA 22314
Corporate rands	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Compliance Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/30/2024	Ragnar Research Partners LLC
Amount (\$)	Payee address; City; State; Zip Code
\$8,675.00	103 E ST SE
X Expenditure from corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Research
	Νεσεαιστ
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/9 Rpt: 11/21	AFC Victory Fund 00088032
4 Date	5 Payee name
11/01/2024	The Lukens Company
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$34,913.80	2800 Shirlington Rd Ste 900
Expenditure from corporate funds	Arlington, VA 22206
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense IE-Mail-NON TX Activity
	TE Mai Note 1777 Carrie
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	
Date	Payee name
11/18/2024	The Lukens Company
Amount (\$)	Payee address; City; State; Zip Code
\$35,398.72	2800 Shirlington Rd Ste 900
— Evanditure from	
Expenditure from corporate funds	Arlington, VA 22206
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORL	Check if Austin, TX, officeholder living expense
	IE-Mail-NON TX Activity
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit 5/5/	1
Date	Payee name
10/27/2024	Victory Enterprises
Amount (\$)	Payee address; City; State; Zip Code
\$35,819.26	5200 30th St SW
Expenditure from corporate funds	Davenport, IA 52802
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	IE-Digital Ads-NON TX Activity
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1:	
Sch: 4/9 Rpt: 12/21	AFC Victory Fund 00088032
4 Date	5 Payee name
10/31/2024	Victory Enterprises
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$55,459.39	5200 30th St SW
, ,	
Expenditure from	Davonnart IA E2002
corporate funds	Davenport, IA 52802
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	IE-Digital Ads-NON TX Activity
	in Digital National Transfer in the International State of the Internationa
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/01/2024	Victory Enterprises
Amount (\$)	Payee address; City; State; Zip Code
\$18,829.79	5200 30th St SW
Expenditure from corporate funds	Davenport, IA 52802
PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	IE-Digital Ads-NON TX Activity
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Device same
Date 11/18/2024	Payee name Victory Enterprises
Amount (\$)	Payee address; City; State; Zip Code
\$34,722.89	5200 30th St SW
Expenditure from	
corporate funds	Davenport, IA 52802
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	IE-Digital Ads-NON TX Activity
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/9 Rpt: 13/21	AFC Victory Fund	00088032
4 Date	5 Payee name	
10/31/2024	Victory Text LLC	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$2,943.22	190 Monroe Ave NW	
Expenditure from	Ste. 300	
corporate funds	Grand Rapids, MI 49503	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital-Oppose Ortiz, Solomon HD34
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI	⁻¹ Ortiz, Solomon State F	Representative District 34
Date	Payee name	
10/31/2024	Victory Text LLC	
Amount (\$)	Payee address; City; State; Zip	Code
\$2,193.80	190 Monroe Ave NW	Sout
42,100.00	Ste. 300	
Expenditure from corporate funds	Grand Rapids, MI 49503	
PURPOSE	·	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		IE-Digital-Oppose Gracia, Jonathan HD37
Complete ONLY if direct	Candidate/Officeholder name Office s	
expenditure to benefit C/OI	Gracia, Jonathan State F	Representative District 37
Date	Payee name	
10/31/2024	Victory Text LLC	
Amount (\$)	Payee address; City; State; Zip	Code
\$2,528.54	190 Monroe Ave NW	
— Foresediture from	Ste. 300	
Expenditure from corporate funds	Grand Rapids, MI 49503	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	,	Check if travel outside of Texas. Complete Schedule T.
LXI LIBITORE		Check if Austin, TX, officeholder living expense
		IE-Mail-Oppose Carranza, Kristian HD118
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	Representative District 118
	State 1	representative Bistrict 116

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/9 Rpt: 14/21	AFC Victory Fund	00088032
4 Date	5 Payee name	
10/31/2024	Victory Text LLC	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1,351.63	190 Monroe Ave NW	
Expenditure from	Ste. 300	
corporate funds	Grand Rapids, MI 49503	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Mail-Oppose Castellano, Cecilia HD80
		in mail oppose sasionalis, sooma ribos
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI	Castellano, Cecilia State Re	epresentative District 80
Date	Payee name	
10/31/2024	Victory Text LLC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$518.49	190 Monroe Ave NW	
	Ste. 300	
Expenditure from corporate funds	Grand Rapids, MI 49503	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	(See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		IE-Digital-Support Villalobos, Denis HD34
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	-
	¹ Villalobos, Denis State Re	epresentative District 34
Date	Payee name	
10/31/2024	Victory Text LLC	
Amount (\$)	Payee address; City; State; Zip C	ode
\$703.08	190 Monroe Ave NW	
Expenditure from	Ste. 300	
corporate funds	Grand Rapids, MI 49503	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital-Support Lopez, Janie HD37
		and a suppose aspect, connecting to
Complete ONLY if direct	Candidate/Officeholder name Office so	L ught Office held
expenditure to benefit C/O	_	epresentative District 37

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.				
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
Sch: 7/9 Rpt: 15/21	AFC Victory Fund	00088032				
4 Date	5 Payee name					
10/31/2024	Victory Text LLC					
6 Amount (\$) \$226.59 Expenditure from corporate funds	7 Payee address; City; State; Zip C 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503	ode				
8 PURPOSE	(2) 2	(b) Description				
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Digital-Support LaHood, Marc HD121				
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so LaHood, Marc State Re	ught Office held epresentative District 121				
Date	Payee name					
10/31/2024	Victory Text LLC					
Amount (\$) \$1,453.62	Payee address; City; State; Zip C 190 Monroe Ave NW Ste. 300	rode				
corporate funds	Grand Rapids, MI 49503					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Mail-Oppose Swift, Laurel HD121				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so State Ro	ught Office held epresentative District 121				
Date	Payee name					
10/31/2024	Victory Text LLC					
Amount (\$) \$534.24 Expenditure from corporate funds	Payee address; City; State; Zip C 190 Monroe Ave NW Ste. 300 Grand Rapids, MI 49503	ode				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Digital-Support Lujan, John HD118				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so Lujan, John State Ro	ught Office held epresentative District 118				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 16/21	AFC Victory Fund	00088032
4 Date	5 Payee name	·
10/31/2024	Victory Text LLC	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$599.20	190 Monroe Ave NW	
Expenditure from	Ste. 300	
corporate funds	Grand Rapids, MI 49503	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital-Support McLaughlin, Don HD80
		. —
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI	H McLaughlin, Don State F	Representative District 80
Date	Payee name	
11/05/2024	Victory Text LLC	
Amount (\$)	Payee address; City; State; Zip	Code
\$322.98	190 Monroe Ave NW	
- Francistus from	Ste. 300	
X Expenditure from corporate funds	Grand Rapids, MI 49503	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IE-Digital Oppose Jonathan Gracia HD37
		. — 9 орросо солими стили ст
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/OI	^H Gracia, Jonathan State F	Representative District 37
Date	Payee name	
11/05/2024	Victory Text LLC	
Amount (\$)	Payee address; City; State; Zip	Code
\$609.21	190 Monroe Ave NW	
Expenditure from	Ste. 300	
corporate funds	Grand Rapids, MI 49503	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense IE-Digital Ads0Oppose Kristian Carranza HD118
		12 Digital / Goodppool (Notice) Carrained (1821)
Complete ONLY if direct	Candidate/Officeholder name Office s	L ought Office held
expenditure to benefit C/OI	^H Carranza, Kristian State F	Representative District
i		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - al Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in Distri Travel Out of D			
Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAM	E		3 Filer ID	(Ethics Commission Filers)		
Sch: 9/9 Rpt: 17/21	AFC Victor	y Fund		00088032			
4 Date	5 Payee name	<u> </u>		_l			
11/05/2024	Victory Tex						
6 Amount (\$)	7 Payee addre	•	ate; Zip Code				
\$587.58	190 Monro	e Ave NW					
Evpanditura from	Ste. 300						
X Expenditure from corporate funds	Grand Rap	ids, MI 49503					
8 PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
OF	Advertising		′ L `	el outside of Texas. Co	mplete Schedule T.		
EXPENDITURE	/ tavertising	LAPCHSC	<u>-</u>	in, TX, officeholder livi			
			IE-Digital Ad	ds-Oppose Lau	rel Swift HD121		
9 Complete ONLY if direct	Candidate/Of	ficeholder name	Office sought	Office h	neld		
expenditure to benefit C/O	H Swift, Laure		State Representative Dis				

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 18/21 AFC Victory Fund 00088032 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 11/01/2024 **CP Strategies LLC** Amount (\$) Payee address; State; Zip Code \$3,000.00 1327 H ST Ste 303 Expenditure from Lincoln, NE 68508 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Strategic Consulting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/01/2024 Cygnal Amount (\$) Payee address; City; State; Zip Code \$15,057.19 90017th St NW Ste 950 Expenditure from corporate funds Washington, DC 20006 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Research Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 19/21 AFC Victory Fund 00088032 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 11/01/2024 **Drogin Group** Amount (\$) Payee address; State; Zip Code City; \$6,700.00 6705 W Hwy 290 Ste 50281 Expenditure from Austin, TX 50281 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Strategic/Fundraising Consulting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2024 Michele Blood-DBA New Jersey Writer Amount (\$) Payee address; City; State; Zip Code \$2,500.00 5 Elm Terrace Expenditure from Flemington, NJ 08822 corporate funds TYPE OF Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Strategic Consulting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 20/21 AFC Victory Fund 00088032 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 11/01/2024 Uptown Solutions LLC Amount (\$) Payee address; State; Zip Code \$1,000.00 2414 19th St NW #34 Expenditure from Washington, DC 20009 corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Fundraising Consulting** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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