MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00088032	2 Total pages filed: 10
3 COMMITTEE NAME	1	•	OFFICE USE ONLY
AFC Victory Fund			Date Received
			01/06/2025
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
, IDDINEOU	228 S. Washington St.		
	Ste. 115		
Change of Addres	^s Alexandria, VA 22314		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	Μ	1
TREASURER NAME	Lisa		Receipt # Amount
			Date Processed
	NICKNAME LAST	5	
	Lisker		Date Imaged
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY;	STATE; ZIP CODE
STREET	228 S. Washington St. Ste. 115		
ADDRESS (Residence or Business)			
	Alexandria, VA 22314		
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE
TREASURER MAILING	228 S. Washington St. Ste. 115		
ADDRESS			
Change of Addres	^s Alexandria, VA 22314		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(703) 281-7540		
	()		
9 REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)
	X Wondiny	L treasurer termination	
10 MONTHLY			
REPORT FILING DEADLINE	X January 5 Apr	il 5 July 5	October 5
	February 5	y 5 August 5	November 5
	March 5 Jun	e 5 Septembe	r 5 December 5
11 PERIOD COVERED	Month Day Year	THROUGH	onth Day Year
COVERED	11/26/2024	1	2/25/2024
	GO	TO PAGE 2	
L Forms provided by Te	exas Ethics Commission www.e	ethics.state.tx.us	Version V4.1.0.5dd2ace2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 File	r ID (Ethics Commission Filers)
AFC Victory Fund				000	88032
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Der	is Villalobos State F	Representativ	e
(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			
		2. oppose			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M ☐ check here if this report	OR GUARANTEES C ADE ELECTRONICA	F LOANS, ÒR LLY)	HAN	\$ 0.0
	2. TOTAL POLITICA (OTHER THAN PLEI		I S UARANTEES OF LOA	ANS)	\$ 0.0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPEN	DITURES		\$ 0.0
	4. TOTAL POLITICA		5		\$ 78,168.6
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		INTAINED AS OF THE	E LAST DAY	\$ 31,793.1
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL / LAST DAY OF THE I	AMOUNT OF ALL OU REPORTING PERIOD		AS OF THE	\$ 0.0
16 AFFIDAVIT	•				•
		true an		all information r	nat the accompanying report is required to be reported by me
				Lisa Lisker	
			Signatur	re of Campaign	Treasurer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me. by the said			. this the	day
of				,	
Signature of officer ad	ministering oath	Printed name of office	er administering oath	Title	e of officer administering oath
l Forms provided by Texas E	thics Commission	www.ethics.	state.tx.us		Version V4.1.0.5dd2ac

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

Page 3 of 10

12 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.)		Janie Lopez State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John Lujan State Representativ	е	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Don McLaughlin State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		-			

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

12 COMITTEE NAME 13 Filer ID (Ethics Commission Filers) AFC Victory Fund 1. Candidates (lenge for complete his report if necessary) A. Supported Marc LaHood State Representative (Attach lists or plain report if necessary) 2. Measures Resolved or bactor and reader of abactor and Resolved or bactor and Resolv							Page 4 of 10
AFC Victory Fund 00088032 14 COMMITTEE 1. Candidates ACTIVITY (dentify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this report if necessary.) A. Supported Marc LaHood State Representative 2. Measures B. Opposed (Describe by date and location of election and nature of issue.) A. Supported 3. Officeholders S. Opposed (dentify by name or, if (dentify br)))	12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
ACTIVITY (Identify by name or, if applicable, classify by party.) B. Opposed (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 B. Opposed 3. Officeholders Assisted (Identify by name or, if Identify by name or, if							
paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 4. Supported B. Opposed 3. Officeholders Assisted (Identify by name or, if	14 COMMITTEE ACTIVITY		A. Supported	Marc LaHood	State Representa	ative	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if Identify by name or, if	paper to complete this		B. Opposed				
3. Officeholders Assisted (Identify by name or, if		(Describe by date and location of election and	A. Supported				
Assisted (Identify by name or, if			B. Opposed				
applicable, classify by party.		Assisted (Identify by name or, if					

SL	JBT	OTALS - MPAC	C	FORM MPAC
		EE NAME ry Fund	18 Filer ID 00088032	5 of 10 (Ethics Commission Filers)
		E SUBTOTALS 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 LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 78,168.60
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 6/10	AFC Victory Fund 00088032
4 Date	5 Payee name
12/06/2024	American Federation for Children Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,212.21	10440 Little Patuxent Pkwy
Expenditure from	Ste. 300-343
corporate funds	Columia, MD 21044
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/06/2024	CP Strategies LLC
Amount (\$)	Payee address; City; State; Zip Code
\$6,000.00	1327 H ST
	Ste 303
Expenditure from corporate funds	Lincoln, NE 68508
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Strategic Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oł	1
Date	Payee name
12/04/2024	Chase Bank
Amount (\$)	Payee address; City; State; Zip Code
\$5.00	8111 Preston Rd, 2nd Fl.
Expenditure from corporate funds	Dallas, TX 75225
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 2/5 Rpt: 7/10	AFC Victory Fund 00088032				
4 Date	5 Payee name				
12/06/2024	Cygnal				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$15,057.19	90017th St NW				
Expenditure from	Ste 950				
corporate funds	Washington, DC 20006				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Research				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
Date	Payee name				
12/11/2024	Drogin Group				
Amount (\$)	Payee address; City; State; Zip Code				
\$6,700.00	6705 W Hwy 290				
Expenditure from corporate funds	Ste 50281 Austin, TX 50281				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Strategic Consulting 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought Office held H				
Date	Payee name				
12/06/2024	New Jersey Writer LLC				
Amount (\$) \$2,916.00	Payee address; City; State; Zip Code 5 Elm Terrace				
Expenditure from corporate funds	Flemington, NJ 08822				
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if taxel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communications Consulting 				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 8/10	AFC Victory Fund 00088032
4 Date	5 Payee name
12/12/2024	Thomas Graphics Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,055.92	PO Box 14226
Expenditure from corporate funds	Austin, TX 78714
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense
	IE-Mail-Support Denis Villalobos HD35
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soughtOffice heldHVillalobos, DenisState Representative District 34
Date	Payee name
12/12/2024	Thomas Graphics Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4,979.10	PO Box 14226
Expenditure from corporate funds	Austin, TX 78714
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Mail-Support Janie Lopez HD37
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/12/2024	Thomas Graphics Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3,782.46	PO Box 14226
Expenditure from corporate funds	Austin, TX 78714
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense IE-Mail-Support John Lujan HD118
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nameOffice soughtOffice heldHLujan, JohnState Representative District 118

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 9/10	AFC Victory Fund 00088032
4 Date	5 Payee name
12/12/2024	Thomas Graphics Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,007.45	PO Box 14226
Expenditure from corporate funds	Austin, TX 78714
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense IE-Mail-Support Don McLaughlin HD80
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/12/2024	Thomas Graphics Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1,980.56	PO Box 14226
+=,000100	
Expenditure from corporate funds	Austin, TX 78714
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	IE-Mail-Support Marc LaHood HD121
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/06/2024	Uptown Solutions LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	2414 19th St NW #34
Expenditure from corporate funds	Washington, DC 20009
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
	Fundraising Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 5/5 Rpt: 10/10	AFC Victory Fund 00088032
4 Date	5 Payee name
12/11/2024	Vantage Legal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,575.00	PO Box 341016
Expenditure from corporate funds	Austin, TX 78734
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Legal Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Victory Enterprises
Amount (\$)	Payee address; City; State; Zip Code
\$19,897.71	5200 30th St SW
Expenditure from corporate funds	Davenport, IA 52802
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	IE-Mail/Digital-NON TX Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held