		overed Transfers Supporting Direct Expenditures: ATX.8	COVER SHEET
1	INDIVIDUAL OR ORGANIZATION NAME	TITLE; FIRST; MI	PAGE #
		LAST; SUFFIX LGBTQ Victory Fund Federal PAC	O0090928
			OFFICE USE ONLY
2	INDIVIDUAL OR ORGANIZATION ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1225 Eye St. NW Suite 525 Washington, DC 20005 (CHECK IF FILER'S HOME ADDRESS)	Date Received ELECTRONICALLY FILED 11/23/2022 Receipt # HD / PM Amount
3	INDIVIDUAL FILER EMPLOYER & OCCUPATION	FILER OCCUPATION FILER EMPLOYER	Date Processed
4	COMMITTEE TREASURER NAME	TITLE; FIRST; MI; LAST; SUFFIX	Date Imaged
5	COMMITTEE TREASURER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
6	MEMO		

ATX.8 CONTRIBUTIONS RECIEVED FORM ATX8CONTRIB The Instruction Guide explains how to complete this form. 1 FILER NAME Filer ID (Ethics Commission Filers) LGBTQ Victory Fund Federal PAC 00090928 3 MEMO Contributor 5 Contributor Title; Contributor First Name; Contributor Last Name; Organization Name; Contributor Suffix Name Suzanne Bryant Contributor Contributor address; City; State; Zip Code; Apartment or Sutie Number; Contributor Employer; Contributor Occupation Address 1500 W 24th St. and Employer Austin, TX 78703 N/A Retired Contribution Contribution Date Contribution Amount(\$) Details \$1,000.00 11/22/2022

Report of Covered Transfers Supporting Direct Campaign Expenditures Declaration:

AFFIDAVIT

This information serves as the electronic signature of the person legally responsible for filing this report.		
	By signature below, I swear or affirm under penalty of perjury that the Report of Covered Transfers Supporting Direct Campaign Expenditures filed with this signature is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code Section 2-2-34.	
	LGBTQ Victory Fund Federal PAC	
	Signature of Filer	