#### **Correction Affidavit For Report of Covered Transfers** FORM COR-ATX8 **Supporting Direct Campaign Expenditures** Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00090928 INDIVIDUAL OR TITLE; FIRST; MI **ELECTRONICALLY FILED ORGANIZATION** 12/06/2022 NAME LAST; SUFFIX LGBTQ Victory Fund Federal PAC Date Hand-delivered or Date Postmarked **ORIGINAL** X Other (specify) January 15 Runoff REPORT TYPE July 15 8XTA Exceeded \$500 limit Receipt # 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed Final Report (Attach C/OH-FR) 8th day before election **ORIGINAL PERIOD** Month Month Day Year Day Year Date Imaged **COVERED THROUGH** 12/05/2022 12/02/2022 **EXPLANATION OF CORRECTION** 12/5/22 contribution had not posted to merchant account at the time the original report was filed. It was still disclosed on time. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. LGBTQ Victory Fund Federal PAC AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_ day \_\_\_\_\_, 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 Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

		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  12/06/2022  Receipt #
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		

Teller NAME LGBTQ Victory Fund Federal PAC  2 FILER ID 00090928  3 Total pages Schedule ATX8EXPEND: Sch: 1/1 Rpt: 3/6  3 MEMO  4 RECIPIENT NAME Opportunity ATX PAC  5 RECIPIENT ADDRESS RECIPIENT ADDRESS APARTMENT/SUITE# CITY STATE ZIPCODE  10 G St., NE Suite 600 Washington, DC 20002  6 TRANSFER DETAILS  (a) TRANSFER DATE 12/05/2022  (b) TRANSFER AMOUNT (\$) \$55,000.00  (c) PURPOSE AND DESCRIPTION OF TRANSFER Contribution  (a) Candidate/Officeholder name LastName; Suffix; FirstName; Title Israel  Celia  (CHECK IF BALLOT MEASURE)
3 MEMO  4 RECIPIENT NAME Opportunity ATX PAC  5 RECIPIENT ADDRESS APARTMENT/SUITE# CITY STATE ZIPCODE 10 G St., NE Suite 600 Washington, DC 20002  6 TRANSFER DETAILS  (a) TRANSFER DATE 12/05/2022  (b) TRANSFER AMOUNT (\$) \$55,000.00  (c) PURPOSE AND DESCRIPTION OF TRANSFER Contribution  (b) Ballot measure supported/opposed  (c) Ballot measure supported/opposed  (c) CHECK IE BALLOT MEASURE)
4 RECIPIENT NAME Opportunity ATX PAC  5 RECIPIENT ADDRESS APARTMENT/SUITE# CITY STATE ZIPCODE  10 G St., NE Suite 600  Washington, DC 20002  6 TRANSFER DETAILS  (a) TRANSFER DATE 12/05/2022  (b) TRANSFER AMOUNT (\$) \$55,000.00  (c) PURPOSE AND DESCRIPTION OF TRANSFER Contribution  (b) Ballot measure supported/opposed  (c) Ballot measure supported/opposed
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ADDRESS  10 G St., NE Suite 600  Washington, DC 20002  6 TRANSFER DATE DETAILS  (a) TRANSFER DATE 12/05/2022  (c) PURPOSE AND DESCRIPTION OF TRANSFER Contribution  7 Complete ONLY if candidate or ballot measure supported/opposed  LastName; Suffix; FirstName; Title  (CHECK IE BALL OT MEASURE)
6 TRANSFER DATE 12/05/2022  (a) TRANSFER DATE 12/05/2022  (b) TRANSFER AMOUNT (\$) \$55,000.00  (c) PURPOSE AND DESCRIPTION OF TRANSFER Contribution  7 Complete ONLY if candidate or ballot measure supported/opposed LastName; Suffix; FirstName; Title (CHECK IE BALL OT MEASURE)
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Contribution  7 Complete ONLY if candidate or ballot measure supported/opposed  LastName; Suffix; FirstName; Title  (CHECK IF RALL OT MEASURE)
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measure LastName; Suffix; FirstName; Title suported/opposed (CHECK IE BALLOT MEASURE)
suported/opposed (CHECK IE BALLOT MEASURE)
(c) Office sought (d) Office held
Mayor

#### **ATX.8 CONTRIBUTIONS RECIEVED**

### FORM ATX8CONTRIB

	The Instruc	ction Guide explains how to complete this form.				
1	FILER NAME		2 Filer ID (Ethics Commission Filers)			
LGBTQ Victo		ory Fund Federal PAC	00090928			
3	MEMO					
4	Contributor Name	5 Contributor Title; Contributor First Name; Contributor Last Name; Organization Name;	Contributor Suffix			
		David				
		Catania				
		Catama				
6	Contributor	Contributor address; City; State; Zip Code; Apartment or Sutie Number; Contributor Employer; Contributor Occupation 2122 Newport Place, NW				
	Address and					
	Employer					
		Washington, DC 20037				
		Georgetown Public Affairs				
		Managing Director				
7	Contribution	Contribution Date	Contribution Amount(\$)			
	Details	12/03/2022	\$1,000.00			
		12/00/2022	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Contributor	Contributor Title; Contributor First Name; Contributor Last Name; Organization Name; Contributor Suffix				
	Name	Contributor File, Contributor First Name, Contributor East Name, Organization Name, Contributor Camix				
		Dana				
		Debeauvoir				
	Contributor	Contributor address; City; State; Zip Code; Apartment or Sutie Number; Contributor Employer; Contributor Occupation 3715 Robinson Avenue				
	Address and					
	Employer					
		Austin, TX 78722				
		Retired				
		N/A				
7	Contribution	Contribution Date	Contribution Amount(\$)			
	Details	12/05/2022	\$1,000.00			

## **ATX.8 CONTRIBUTIONS RECIEVED** FORM ATX8CONTRIB The Instruction Guide explains how to complete this form. 1 FILER NAME 2 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 EMILY's List Contributor Contributor address; City; State; Zip Code; Apartment or Sutie Number; Contributor Employer; Contributor Occupation Address 1800 M St., NW and Employer Washington, DC 20036 Contribution Contribution Date Contribution Amount(\$) Details \$10,000.00 12/02/2022

# 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