

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FALLON VICTORY FUND

ADDRESS (number and street)

PO BOX 3653

Check if different
than previously
reported. (ACC)

DUBLIN

OH

43016

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00765552

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

TX

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kilgore, Paul, , ,

Signature of Treasurer

Kilgore, Paul, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

FALLON VICTORY FUND

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 17 2024

To:

M M / D D / Y Y Y Y
11 25 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	16844.10	
(c) Total Receipts (from Line 19)	21266.00	177616.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38110.10	177616.00
7. Total Disbursements (from Line 31)	761.50	140267.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37348.60	37348.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

FALLON VICTORY FUND

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 17 2024

To:

M M / D D / Y Y Y Y
11 25 2024**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

21166.00

176966.00

(ii) Unitemized

100.00

650.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

21266.00

177616.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

21266.00

177616.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

21266.00

177616.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

21266.00

177616.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	761.50	3560.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	761.50	3560.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	136707.10
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	761.50	140267.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	761.50	140267.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21266.00	177616.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21266.00	177616.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	761.50	3560.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	761.50	3560.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FALLON VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COX, DOTTIE, , ,

Mailing Address 3396 CR 32500

City
PARISState
TXZip Code
75460FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ANIMAL HEALTH PHARMACEUTICALS, LLCOccupation (for Individual)
OFC MANAGER

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify) ▼

A

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2024

Transaction ID : SA11AI.4584

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ETHOS FOUNDATION

Mailing Address 13759 BOYLE LN

City
FRISCOState
TXZip Code
75035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify) ▼

A

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period

500.00

☐ Memo Item

REFUND ISSUED ON 03/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GANGULY, DEVABRATA, , ,

Mailing Address 1930 N E 30TH

City
PARISState
TXZip Code
75462FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EAST TEXAS MEDICAL CENTEROccupation (for Individual)
INTERNAL MEDICINE SPECIALIST

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify)

A

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.4595

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

FALLON VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARTGRAVES, JASON, , ,

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2024

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYES, RICHARD, , ,

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2024

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KHETPAL, VIJAY, , ,

Mailing Address 2904 SEDALIA TRL

City

SHERMAN

State

TX

Zip Code

75092

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

ALLEN AND MCKINNEY TX

Occupation (for Individual)

OPHTHALMOLOGIST

Receipt For: 2024

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2024

Transaction ID : SA11AI.4594

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FALLON VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUMAR, ANOOP, , ,

Mailing Address 628 FAIRVIEW AVE

City
ARCADIAState
CAZip Code
91007FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify) ▼

A

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.4588

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARMAR, ROHIT, , ,

Mailing Address 10323 LENNOX LN

City
DALLASState
TXZip Code
75229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BAYLOR SCOTT & WHITEOccupation (for Individual)
CARDIOLOGIST

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify) ▼

A

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.4592

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAUSMAN, KAREN, , ,

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.4617

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FALLON VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRAKASH, SUCHARU, , ,

Mailing Address PO BOX 1728

City
PARISState
TXZip Code
75461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEXAS ONCOLOGISTOccupation (for Individual)
ONCOLOGIST

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify) ▼

A

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.4599

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THUMMALA, SUNIL, , ,

Mailing Address 6633 OCONNOR LN

City
FRISCOState
TXZip Code
75035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARIS REGIONAL HEALTHOccupation (for Individual)
NEUROLOGIST

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify) ▼

A

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.4586

Amount of Each Receipt this Period

1008.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TIBREWAL, ANIL, , ,Mailing Address 2727 BOLTON BOONE DR
STE 108City
DESOTOState
TXZip Code
75115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEXAS MINIMALLY INVASIVEOccupation (for Individual)
GENERAL SURGERY

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify)

A

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2508.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

FALLON VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TREHAN, SANJEEV, , ,

Mailing Address 4412 W ITHICA ST

City
BROKEN ARROWState
OKZip Code
74012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BAYLOR SCOTT & WHITE HEALTHOccupation (for Individual)
CARDIOLOGIST

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify) ▼

A

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TUMMALA, PRATAP, , ,

Mailing Address 1107 SARA SWAMY DR

City
SHERMANState
TXZip Code
75090FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BAYLOR SCOTT & WHITE SURGICALOccupation (for Individual)
RHEUMATOLOGIST

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify) ▼

A

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.4603

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VARMA, JAI, , ,

Mailing Address 18720 WAINSBOROUGH LN

City
DALLASState
TXZip Code
75287FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHRISTUS MOTHER FRANCES HOSPITALOccupation (for Individual)
CARDIOVASCULAR DISEASE SPECIA

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify)

A

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FALLON VICTORY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VATTAM, SREENADHA, , ,

Mailing Address 14006 CARLY LN

City
FRISCOState
TXZip Code
75035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTH TEXAS COMPREHENSIVEOccupation (for Individual)
PAIN MANAGEMENT SPECIALIST

Receipt For: 2024

☐ Primary ☐ General
☒ Other (specify) ▼

A

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.4590

Amount of Each Receipt this Period

1008.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, KIRK, , ,

Mailing Address 10739 BRIDGE HOLLOW COURT

City
DALLASState
TXZip Code
75229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRESIDENTOccupation (for Individual)
T WILSON ASSOCIATES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2024

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period

2900.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3908.00

21166.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FALLON VICTORY FUND

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE. 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	2	4		

FEC Identification Number

C
Transaction ID : SB21B.4612

Amount of Each Disbursement this Period

 336.90☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AxCapital, LLCMailing Address 555 METRO PL N
STE 525City
DUBLINState
OHZip Code
43017Purpose of Disbursement
ACCOUNTING & COMPLIANCE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	2	4		

FEC Identification Number

C
Transaction ID : SB21B.4582

Amount of Each Disbursement this Period

 424.60☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

761.50

761.50