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**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Scott Capito Rounds Victory Fund

ADDRESS (number and street) 901 N Washington St, Suite 700
Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00562751 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE ▼ DISTRICT

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)
Termination Report (TER)
(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on MM/DD in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period MM 07 DD 01 YYYY 2014 through MM 09 DD 30 YYYY 2014

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 Timothy A. Koch

Signature of Treasurer *Timothy A. Koch* Date 10 08 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

14020742056

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 9

Write or Type Committee Name

Scott Capito Rounds Victory Fund

Report Covering the Period: From: M 07 / D 01 Y Y Y Y 2014 To: M 09 / D 30 Y Y Y Y 2014

	COLUMN A This Period		COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)			
(a) Total Contributions (other than loans) (from Line 11(e)) ..	5500.00		86050.00
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00		0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..	5500.00		86050.00
7. Net Operating Expenditures			
(a) Total Operating Expenditures (from Line 17) ..	3793.08		6826.21
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00		0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ..	3793.08		6826.21
8. Cash on Hand at Close of Reporting Period (from Line 27)...	13206.92		
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		

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14020742057

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 9

Write or Type Committee Name

Scott Capito Rounds Victory Fund

Report Covering the Period: From: **MM 07 DD 01 YYYY 2014** To: **MM 09 DD 30 YYYY 2014**

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) ...	3500.00	56050.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals .	3500.00	56050.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	2000.00	30000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5500.00	86050.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) ..	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	5500.00	86050.00

14020742058

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	3793.08	6826.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	66016.87
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. 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 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3793.08	72843.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	11500.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	5500.00
25. SUBTOTAL (add Line 23 and Line 24)...	17000.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	3793.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	13206.92

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 9
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Scott Capito Rounds Victory Fund

A. Full Name (Last, First, Middle Initial)
Taylor K. Craig

Mailing Address 2608 Ridge Road Dr

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
Verizon Government Relations

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M D D Y Y
09 26 2014

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period
1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Peter Davidson

Mailing Address 7721 Lee Ave

City State Zip Code
Alexandria VA 22308

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

Name of Employer Occupation
Verizon Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M D D Y Y
08 21 2014

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
1000.00
Contribution

C. Full Name (Last, First, Middle Initial)
David F. Taylor

Mailing Address 708 W Braddock Rd

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
Capitol Solutions Government Relations Consultant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M D D Y Y
07 02 2014

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period
500.00
Contribution

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

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

2500.00

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Scott Capito Rounds Victory Fund

A. Full Name (Last, First, Middle Initial) David F. Taylor		Date of Receipt MM DD YYYY 07 02 2014
Mailing Address 708 W Braddock Rd		Transaction ID : SA11AI.4178
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Capitol Solutions	Occupation Government Relations Consultant	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

B. Full Name (Last, First, Middle Initial) David F. Taylor		Date of Receipt MM DD YYYY 07 02 2014
Mailing Address 708 W Braddock Rd		Transaction ID : SA11AI.4179
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Capitol Solutions	Occupation Government Relations Consultant	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM DD YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	3500.00

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 9
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Scott Capito Rounds Victory Fund

A. Full Name (Last, First, Middle Initial)
DCI PAC

Mailing Address **1828 L STREET NW**
SUITE 400

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00412395**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M D D Y Y
07 02 2014

Transaction ID : **SA11C.4173**

Amount of Each Receipt this Period
2000.00

Contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M D D Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M D D Y Y

Amount of Each Receipt this Period

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

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

2000.00

2000.00

14020742062

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
Scott Capito Rounds Victory Fund

Full Name (Last, First, Middle Initial) A. Koch & Hoos, LLC		Date of Disbursement MM / DD / Y Y Y Y 08 / 26 / 2014
Mailing Address 901 N Washington St, Suite 700		Amount of Each Disbursement this Period 3163.18 Transaction ID : SB17.4185
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Accounting/Compliance Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Maelstrom Solutions LLC		Date of Disbursement MM / DD / Y Y Y Y 07 / 02 / 2014
Mailing Address 200 S Executive Dr, Suite 101		Amount of Each Disbursement this Period 402.80 Transaction ID : SB17.4180
City Brookfield	State WI	
Zip Code 53005	Purpose of Disbursement Credit Card Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Maelstrom Solutions LLC		Date of Disbursement MM / DD / Y Y Y Y 07 / 07 / 2014
Mailing Address 200 S Executive Dr, Suite 101		Amount of Each Disbursement this Period 25.70 Transaction ID : SB17.4181
City Brookfield	State WI	
Zip Code 53005	Purpose of Disbursement Credit Card Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3591.68
TOTAL This Period (last page this line number only).....	

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Scott Capito Rounds Victory Fund

Full Name (Last, First, Middle Initial) A. Maelstrom Solutions LLC		Date of Disbursement MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 200 S Executive Dr, Suite 101		Amount of Each Disbursement this Period 150.70	
City Brookfield	State WI	Zip Code 53005	Transaction ID : SB17.4182
Purpose of Disbursement Credit Card Processing		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Maelstrom Solutions LLC		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014	
Mailing Address 200 S Executive Dr, Suite 101		Amount of Each Disbursement this Period 50.70	
City Brookfield	State WI	Zip Code 53005	Transaction ID : SB17.4187
Purpose of Disbursement Credit Card Processing		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	Category/ Type
Purpose of Disbursement		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	201.40
TOTAL This Period (last page this line number only).....	3793.08

14020742064

950-12065

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Timothy Koch
Koch & Hoos LLC
901 N Washington St, Suite 700
Alexandria, VA 22314

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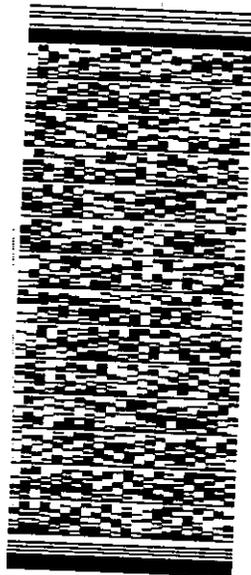
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Washington, DC 20510

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OCT 10 2014



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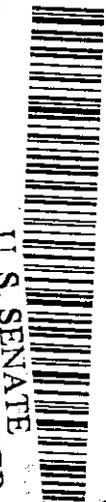
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14020742066



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