

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
VICTORY EAST

ADDRESS (number and street) PO Box 97275
 Check if different than previously reported. (ACC) Raleigh NC 27624

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00724229 3. IS THIS REPORT NEW (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 / D D / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 16 / 2020 through 09 / 30 / 2020

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 McMichael, Collin, , ,

Signature of Treasurer McMichael, Collin, , , [Electronically Filed] Date 10 / 02 / 2020

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

VICTORY EAST

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4664.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14577.93"/>	<input type="text" value="31061.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="19242.44"/>	<input type="text" value="31061.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15723.40"/>	<input type="text" value="27542.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3519.04"/>	<input type="text" value="3519.04"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

VICTORY EAST

Report Covering the Period: From: / / To: / /

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).....	0.00	2000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	2000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5000.00	7000.00
12. Transfers From Affiliated/Other Party Committees.....	9577.93	24061.19
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)).....▶	14577.93	31061.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14577.93	31061.19

DETAILED SUMMARY PAGE
of Disbursements

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	1123.40	1442.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1123.40	1442.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14600.00	26100.00
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)) ..	15723.40	27542.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15723.40	27542.15

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)	5000.00	7000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	7000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1123.40	1442.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1123.40	1442.15

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

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

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)
VICTORY EAST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE (ASA PAC)

Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG	State IL	Zip Code 60173
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FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2020

Transaction ID : SA11C.4171

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS--PAC OF AAO

Mailing Address 317 MASSACHUSETTS AVE., N.E.
1ST FLOOR

City WASHINGTON	State DC	Zip Code 20002
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FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2020

Transaction ID : SA11C.4155

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address

City	State	Zip Code
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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
VICTORY EAST

A. TEAM MURPHY
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 97275

City RALEIGH	State NC	Zip Code 27624
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FEC ID number of contributing federal political committee. **C** C00730796

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
22307.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2020

Transaction ID : SA12.4157

Amount of Each Receipt this Period
7824.65

Memo Item
JFC Transfer

B. Oehmig, Carl, G, IV,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2523 Pineway Dr

City Burlington	State NC	Zip Code 27215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Glen Raven, Inc.	Occupation (for Individual) Textile Executive
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2020

Transaction ID : SA12.4157.0

Amount of Each Receipt this Period
5000.00

Memo Item
JFC Allocation

C. Everette, Royce, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 118 Robin Rd

City Greenville	State NC	Zip Code 27858
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Time Investments Corp	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2020

Transaction ID : SA12.4157.1

Amount of Each Receipt this Period
2800.00

Memo Item
JFC Attribution

SUBTOTAL of Receipts This Page (optional).....	7824.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
VICTORY EAST

A. TEAM MURPHY
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 97275

City RALEIGH	State NC	Zip Code 27624
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FEC ID number of contributing federal political committee. **C** C00730796

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
24061.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

Transaction ID : SA12.4164

Amount of Each Receipt this Period
1753.28

Memo Item
JFC Transfer

B. Spencer, C Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 Brakewood Rd

City Manteo	State NC	Zip Code 27954
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Spencer Yachts	Occupation (for Individual) Founder
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

Transaction ID : SA12.4164.0

Amount of Each Receipt this Period
2200.00

Memo Item
JFC Allocation

C. Wordsworth, Steve, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 West Church Street

City Nashville	State NC	Zip Code 27856
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COFRM, LLC	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

Transaction ID : SA12.4164.1

Amount of Each Receipt this Period
200.00

Memo Item
JFC Allocation

SUBTOTAL of Receipts This Page (optional).....	1753.28
TOTAL This Period (last page this line number only).....	

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wordsworth, Elaine S, S, ,

Mailing Address 111 West Church Street

City Nashville	State NC	Zip Code 27856
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COFRM, LLC	Occupation (for Individual) Administrative Assistant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2020

Transaction ID : SA12.4164.2

Amount of Each Receipt this Period
200.00

Memo Item
 JFC Allocation

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	9577.93

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

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

FOR LINE NUMBER:
(check only one)

<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)
VICTORY EAST

Full Name (Last, First, Middle Initial) A. CM&Co, LLC		Date of Disbursement MM / DD / YYYY 07 / 20 / 2020	
Mailing Address PO Box 97275		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4173 Amount of Each Disbursement this Period [REDACTED] 648.85	
City Raleigh	State NC	Zip Code 27624	Category/Type [REDACTED]
Purpose of Disbursement PAC Accounting Services		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. CM&Co, LLC		Date of Disbursement MM / DD / YYYY 09 / 10 / 2020	
Mailing Address PO Box 97275		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4174 Amount of Each Disbursement this Period [REDACTED] 224.55	
City Raleigh	State NC	Zip Code 27624	Category/Type [REDACTED]
Purpose of Disbursement PAC Accounting Services		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Macon Consulting		Date of Disbursement MM / DD / YYYY 09 / 10 / 2020	
Mailing Address PO Box 3962		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4175 Amount of Each Disbursement this Period [REDACTED] 250.00	
City Greenville	State NC	Zip Code 27836	Category/Type [REDACTED]
Purpose of Disbursement PAC Fundraising Consulting		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1123.40
TOTAL This Period (last page this line number only).....▶	[REDACTED] 1123.40

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
VICTORY EAST

A. DONALD J. TRUMP FOR PRESIDENT, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 725 FIFTH AVENUE

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement Contribution

Candidate Name **TRUMP, DONALD J., , ,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District: 00

Date of Disbursement: 09 / 10 / 2020

FEC Identification Number: **C00580100**
Transaction ID : **SB23.4185**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. DON BACON FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 391368

City OMAHA State NE Zip Code 68139

Purpose of Disbursement Contribution

Candidate Name **BACON, DONALD J., , ,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NE District: 02

Date of Disbursement: 09 / 16 / 2020

FEC Identification Number: **C00575167**
Transaction ID : **SB23.4194**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. FRIENDS OF DAVID SCHWEIKERT

Full Name (Last, First, Middle Initial)
Mailing Address 8175 EAST EVANS ROAD # 13176

City SCOTTSDALE State AZ Zip Code 85267

Purpose of Disbursement Contribution

Candidate Name **SCHWEIKERT, DAVID S., , ,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: AZ District: 06

Date of Disbursement: 09 / 15 / 2020

FEC Identification Number: **C00540617**
Transaction ID : **SB23.4188**
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
VICTORY EAST

Full Name (Last, First, Middle Initial) A. FRIENDS OF HAGEDORN		Date of Disbursement MM / DD / YYYY 09 / 16 / 2020
Mailing Address 11 CIVIC CENTER PLZ STE 7		FEC Identification Number C00550707 Transaction ID : SB23.4200 Amount of Each Disbursement this Period 1000.00
City MANKATO	State MN	Zip Code 56001
Purpose of Disbursement Contribution		Category/ Type
Candidate Name HAGEDORN, JAMES, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 01	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. HUDSON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 07 / 21 / 2020
Mailing Address PO BOX 5053		FEC Identification Number C00504522 Transaction ID : SB23.4178 Amount of Each Disbursement this Period 2800.00
City CONCORD	State NC	Zip Code 28027
Purpose of Disbursement Contribution		Category/ Type
Candidate Name HUDSON, RICHARD L. JR., , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 08	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. KATKO FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 16 / 2020
Mailing Address 228 S WASHINGTON ST STE 115		FEC Identification Number C00556365 Transaction ID : SB23.4191 Amount of Each Disbursement this Period 1000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement Contribution		Category/ Type
Candidate Name KATKO, JOHN M, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 24	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4800.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
VICTORY EAST

A. NRCC

Full Name (Last, First, Middle Initial)

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 31 / 2020

FEC Identification Number: C00075820

Transaction ID : SB23.4184

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. RON WRIGHT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 5505 OVERRIDGE DR

City ARLINGTON State TX Zip Code 76017

Purpose of Disbursement Contribution

Candidate Name WRIGHT, RON, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: TX District: 06

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C00662171

Transaction ID : SB23.4181

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. STEVE CHABOT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 9856 ARCHER LN

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement Contribution

Candidate Name CHABOT, STEVE, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: OH District: 01

Date of Disbursement: 09 / 16 / 2020

FEC Identification Number: C00301838

Transaction ID : SB23.4197

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
VICTORY EAST

A. THOM TILLIS COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 97396

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

City RALEIGH State NC Zip Code 27624

FEC Identification Number

Purpose of Disbursement
Contribution

C	C00545772
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Candidate Name
TILLIS, THOM R. SEN., , ,

Category/
Type

Transaction ID : SB23.4203

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: NC District: 00

2800.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

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Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

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Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2800.00

14600.00
