

# 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  
**FREEDOMWORKS VICTORY COMMITTEE**

ADDRESS (number and street) 1390 CHAIN BRIDGE ROAD  
#515  
 Check if different than previously reported. (ACC) MCLEAN VA 22101

2. **FEC IDENTIFICATION NUMBER** C C00580233 **CITY** **STATE** **ZIP CODE**  
3. IS THIS REPORT  **NEW (N)** **OR**  **AMENDED (A)** STATE **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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
07 / 01 / 2015 through 09 / 30 / 2015

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 CABELL HOBBS

Signature of Treasurer CABELL HOBBS *[Electronically Filed]* Date M M / D D / Y Y Y Y  
10 / 15 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

**FREEDOMWORKS VICTORY COMMITTEE**

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

	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))....	84520.00	364220.00
(b) Total Contribution Refunds (from Line 20(d)) .....	8250.00	8250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	76270.00	355970.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	17063.02	17063.02
(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)).....	17063.02	17063.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8556.98	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**FREEDOMWORKS VICTORY COMMITTEE**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	84400.00	364100.00
(ii) Unitemized.....	120.00	120.00
(iii) TOTAL of contributions from individuals ▶	84520.00	364220.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	84520.00	364220.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	84520.00	364220.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17063.02	17063.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	235350.00	330350.00
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 .....	8250.00	8250.00
(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)).....	8250.00	8250.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	260663.02	355663.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	184700.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	84520.00
25. SUBTOTAL (add Line 23 and Line 24).....	269220.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	260663.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8556.98

**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 5 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**FREEDOMWORKS VICTORY COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN J. AGLIALORO**

Mailing Address 182 TAVISTOCK LANE

City HADDONFIELD State NJ Zip Code 08033

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2015

**Transaction ID : SA11AI.4154**

Amount of Each Receipt this Period  
 11000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT D. ARNOTT**

Mailing Address 4100 NEWPORT PLACE DR  
STE 750

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer RESEARCH AFFILIATES Occupation CHAIRMAN/CEO

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
37400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : SA11AI.4163**

Amount of Each Receipt this Period  
 37400.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOAN CARTER**

Mailing Address 182 TAVISTOCK LANE

City HADDONFIELD State NJ Zip Code 08033

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2015

**Transaction ID : SA11AI.4152**

Amount of Each Receipt this Period  
 11000.00  
 CONTRIBUTION

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

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

59400.00

**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 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**FREEDOMWORKS VICTORY COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DONALD M. WILKINSON**

Mailing Address 499 PARK AVENUE

City State Zip Code  
NEW YORK NY 10022

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

Name of Employer Occupation  
WILKINSON & O'GRADY INVESTOR

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
25000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 20 / 2015

**Transaction ID : SA11Al.4161**

Amount of Each Receipt this Period  
25000.00  
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 Y Y 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 Y Y Y Y

Amount of Each Receipt this Period

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

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

25000.00

84400.00

**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 7 OF 17			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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)  
**FREEDOMWORKS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015	
Mailing Address 200 VESEY STREET 50TH FLOOR			Amount of Each Disbursement this Period 3771.90	
City NEW YORK	State NY	Zip Code 10285	Transaction ID : SB17.4169	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		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>B. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015	
Mailing Address 1593 SPRING HILL ROAD STE 400			Amount of Each Disbursement this Period 3199.99	
City TYSONS CORNER	State VA	Zip Code 22182	Transaction ID : SB17.4167	
Purpose of Disbursement CREDIT CARD MERCHANT FEES		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>C. COMPLIANCE CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015	
Mailing Address PO BOX 365			Amount of Each Disbursement this Period 2500.00	
City MCLEAN	State VA	Zip Code 22101	Transaction ID : SB17.4171	
Purpose of Disbursement COMPLIANCE CONSULTING		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9471.89
<b>TOTAL</b> This Period (last page this line number only).....	

**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 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**FREEDOMWORKS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. COMPLIANCE CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address PO BOX 365		Amount of Each Disbursement this Period 2500.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.4173
Candidate Name	Category/Type	
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>B. FOLEY &amp; LARDNER LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 3000 K STREET NW STE 600		Amount of Each Disbursement this Period 4899.00
City WASHINGTON	State DC	
Zip Code 20007	Purpose of Disbursement LEGAL CONSULTING	Transaction ID : SB17.4174
Candidate Name	Category/Type	
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7399.00
<b>TOTAL</b> This Period (last page this line number only).....	16870.89

**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 17
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)  
**FREEDOMWORKS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FREEDOMWORKS PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address PO BOX 374		Amount of Each Disbursement this Period 11000.00 <b>Transaction ID : SB18.4185</b>
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	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>B. FREEDOMWORKS PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address PO BOX 374		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB18.4202</b>
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	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>C. FRIENDS OF DAVE BRAT INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address PO BOX 5094		Amount of Each Disbursement this Period 13500.00 <b>Transaction ID : SB18.4183</b>
City GLEN ALLEN	State VA	
Zip Code 23058	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	Category/ Type
Candidate Name <b>MR. DAVID ALAN BRAT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 10 OF 17
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)  
**FREEDOMWORKS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF DAVE BRAT INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address PO BOX 5094		Amount of Each Disbursement this Period 6500.00 <b>Transaction ID : SB18.4184</b>
City GLEN ALLEN	State VA	
Zip Code 23058	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	Category/ Type
Candidate Name <b>MR. DAVID ALAN BRAT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 07	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DAVE BRAT INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address PO BOX 5094		Amount of Each Disbursement this Period 10500.00 <b>Transaction ID : SB18.4186</b>
City GLEN ALLEN	State VA	
Zip Code 23058	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	Category/ Type
Candidate Name <b>MR. DAVID ALAN BRAT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 07	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF DAVE BRAT INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address PO BOX 5094		Amount of Each Disbursement this Period 3800.00 <b>Transaction ID : SB18.4187</b>
City GLEN ALLEN	State VA	
Zip Code 23058	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	Category/ Type
Candidate Name <b>MR. DAVID ALAN BRAT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 07	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 11 OF 17
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)  
**FREEDOMWORKS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. JIM JORDAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 1709 STATE ROUTE 560 SOUTH		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB18.4188</b>
City URBANA State OH Zip Code 43078	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	
Candidate Name <b>JAMES D. JORDAN</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) <b>B. JIM JORDAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 1709 STATE ROUTE 560 SOUTH		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB18.4189</b>
City URBANA State OH Zip Code 43078	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	
Candidate Name <b>JAMES D. JORDAN</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) <b>C. JIM JORDAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 1709 STATE ROUTE 560 SOUTH		Amount of Each Disbursement this Period 5750.00 <b>Transaction ID : SB18.4190</b>
City URBANA State OH Zip Code 43078	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	
Candidate Name <b>JAMES D. JORDAN</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 12 OF 17
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)  
**FREEDOMWORKS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. JIM JORDAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 1709 STATE ROUTE 560 SOUTH		Amount of Each Disbursement this Period 3700.00 <b>Transaction ID : SB18.4191</b>
City URBANA State OH Zip Code 43078	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	
Candidate Name <b>JAMES D. JORDAN</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OH District: 04		

Full Name (Last, First, Middle Initial) <b>B. RAND PAUL FOR US SENATE 2016</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address PO BOX 72928		Amount of Each Disbursement this Period 20000.00 <b>Transaction ID : SB18.4198</b>
City NEWPORT State KY Zip Code 41072	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	
Candidate Name <b>RAND PAUL</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 00		

Full Name (Last, First, Middle Initial) <b>C. RAND PAUL FOR US SENATE 2016</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address PO BOX 72928		Amount of Each Disbursement this Period 12750.00 <b>Transaction ID : SB18.4199</b>
City NEWPORT State KY Zip Code 41072	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	
Candidate Name <b>RAND PAUL</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	36450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 13 OF 17
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)  
**FREEDOMWORKS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. RON DESANTIS FOR FLORIDA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address PO BOX 1425		Amount of Each Disbursement this Period 13500.00 <b>Transaction ID : SB18.4181</b>
City PONTE VEDRA BEACH	State FL	
Zip Code 32004	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	Category/ Type
Candidate Name <b>RONALD D DESANTIS</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 00	

Full Name (Last, First, Middle Initial) <b>B. RON DESANTIS FOR FLORIDA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address PO BOX 1425		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB18.4182</b>
City PONTE VEDRA BEACH	State FL	
Zip Code 32004	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	Category/ Type
Candidate Name <b>RONALD D DESANTIS</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 00	

Full Name (Last, First, Middle Initial) <b>C. RON DESANTIS FOR FLORIDA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address PO BOX 1425		Amount of Each Disbursement this Period 10750.00 <b>Transaction ID : SB18.4192</b>
City PONTE VEDRA BEACH	State FL	
Zip Code 32004	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	Category/ Type
Candidate Name <b>RONALD D DESANTIS</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 14 OF 17
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)  
**FREEDOMWORKS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. RON DESANTIS FOR FLORIDA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address PO BOX 1425		Amount of Each Disbursement this Period 3800.00 <b>Transaction ID : SB18.4193</b>
City PONTE VEDRA BEACH	State FL	
Zip Code 32004	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	Category/ Type
Candidate Name <b>RONALD D DESANTIS</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 00	

Full Name (Last, First, Middle Initial) <b>B. SALMON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address PO BOX 1290		Amount of Each Disbursement this Period 12500.00 <b>Transaction ID : SB18.4178</b>
City MESA	State AZ	
Zip Code 85211	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	Category/ Type
Candidate Name <b>MATT SALMON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 05	

Full Name (Last, First, Middle Initial) <b>C. SALMON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address PO BOX 1290		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB18.4180</b>
City MESA	State AZ	
Zip Code 85211	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	Category/ Type
Candidate Name <b>MATT SALMON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 15 OF 17
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)  
**FREEDOMWORKS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. SALMON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address PO BOX 1290		Amount of Each Disbursement this Period 4,980.00 <b>Transaction ID : SB18.4194</b>
City MESA State AZ Zip Code 85211	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	
Candidate Name <b>MATT SALMON</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 05		

Full Name (Last, First, Middle Initial) <b>B. SALMON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address PO BOX 1290		Amount of Each Disbursement this Period 4,300.00 <b>Transaction ID : SB18.4195</b>
City MESA State AZ Zip Code 85211	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	
Candidate Name <b>MATT SALMON</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 05		

Full Name (Last, First, Middle Initial) <b>C. THOMAS MASSIE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address PO BOX 821		Amount of Each Disbursement this Period 35,000.00 <b>Transaction ID : SB18.4196</b>
City NEWPORT State KY Zip Code 41072	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	
Candidate Name <b>THOMAS H. MASSIE</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	49800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 16 OF 17
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)  
**FREEDOMWORKS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MASSIE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address PO BOX 821		Amount of Each Disbursement this Period 18000.00 <b>Transaction ID : SB18.4197</b>
City NEWPORT State KY Zip Code 41072	Purpose of Disbursement TRANSFER OF NET JF PROCEEDS	
Candidate Name <b>THOMAS H. MASSIE</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 04		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18000.00
<b>TOTAL</b> This Period (last page this line number only).....	235350.00

**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 17 OF 17			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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)  
**FREEDOMWORKS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ROBERT D. ARNOTT</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015	
Mailing Address 4100 NEWPORT PLAGE DR STE 750			Amount of Each Disbursement this Period 5400.00	
City NEWPORT BEACH	State CA	Zip Code 92660	Transaction ID : SB20A.4201	
Purpose of Disbursement CONTRIBUTION REFUND		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>B. CORINNE SPENCE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015	
Mailing Address 1508 EUREKA ROAD STE 200			Amount of Each Disbursement this Period 2850.00	
City ROSEVILLE	State CA	Zip Code 95561	Transaction ID : SB20A.4200	
Purpose of Disbursement CONTRIBUTION REFUND		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>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8250.00
<b>TOTAL</b> This Period (last page this line number only).....	8250.00