



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**RAND PAUL VICTORY COMMITTEE**

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="2014"/>	<input type="text" value="5660.00"/>	<input type="text" value="5660.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="60222.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="210724.03"/>	<input type="text" value="728867.39"/>
(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="270946.52"/>	<input type="text" value="734527.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="238167.69"/>	<input type="text" value="701748.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32778.83"/>	<input type="text" value="32778.83"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**RAND PAUL VICTORY COMMITTEE**

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).....	188594.03	664747.23
(ii) Unitemized .....	1530.00	6170.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	190124.03	670917.39
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	20600.00	57950.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	210724.03	728867.39
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))..... ▶	210724.03	728867.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	210724.03	728867.39

**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 .....	58847.63	125151.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	58847.63	125151.99
22. Transfers to Affiliated/Other Party Committees.....	178620.06	573296.57
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 (2 U.S.C. §441a(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 .....	700.00	3300.00
(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)).....	700.00	3300.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	238167.69	701748.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	238167.69	701748.56

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	210724.03	728867.39
34. Total Contribution Refunds (from Line 28(d)) .....	700.00	3300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	210024.03	725567.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	58847.63	125151.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	58847.63	125151.99

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

This report amends the previously filed October quarterly report which contained financial data that was erroneously included from Reinventing A New Direction - RANDPAC.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 69  
(check only one)

<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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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)  
**RAND PAUL VICTORY COMMITTEE**

**A. MR. ROBERT A. ZADEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 BRIDGEWAY # 721

City SAUSALITO State CA Zip Code 94965-2104

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

Name of Employer BUCHALTER NEMER Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 02 / 2014  
**Transaction ID : SA11.315078**

Amount of Each Receipt this Period 2000.00

CONTRIBUTION

**B. MS. EVA HAWKINS-HERRERIAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4836 RAMONDO DR

City SANTA ROSA State CA Zip Code 95401-5601

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : SA11.315079**

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

**C. MS. EVA HAWKINS-HERRERIAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4836 RAMONDO DR

City SANTA ROSA State CA Zip Code 95401-5601

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : SA11.315080**

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4000.00

**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 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR. RICHARD MELMON</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2014
Mailing Address 617 PARTRIDGE AVE		<b>Transaction ID : SA11.315081</b>
City MENLO PARK	State CA	Zip Code 94025-5211
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF-EMPLOYED	Occupation CONSULTANT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. MR. PETER J. BUXTUN</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2014
Mailing Address 1730 KEARNY ST APT B4		<b>Transaction ID : SA11.315082</b>
City SAN FRANCISCO	State CA	Zip Code 94133-2429
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. MR. CHRIS LAW</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2014
Mailing Address 6 MURRAY ST		<b>Transaction ID : SA11.315083</b>
City SAN FRANCISCO	State CA	Zip Code 94112-1135
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer FUNDAMENTUM	Occupation COMPUTER SOFTWARE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 69
<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)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. JOHN G. ALBERTINI M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1450 PROFESSIONAL PARK DR  
STE 150

City WINSTON SALEM State NC Zip Code 27103-1307

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

Name of Employer THE SKIN SURGERY CENTER, P.A. Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2014

**Transaction ID : SA11.315087**

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

**B. DR. REX A. AMONETTE M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 665 S WILLETT ST

City MEMPHIS State TN Zip Code 38104-4932

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

Name of Employer MEMPHIS DERMATOLOGY CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2014

**Transaction ID : SA11.315085**

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

**C. DR. MARK F. BAUCOM**  
Full Name (Last, First, Middle Initial)

Mailing Address 5555 PEACHTREE DUNWOODY RD  
STE 206

City ATLANTA State GA Zip Code 30342-1711

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2014

**Transaction ID : SA11.315086**

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15600.00
<b>TOTAL</b> 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 10 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. BRENT R. MOODY**  
Full Name (Last, First, Middle Initial)

Mailing Address 319 WALNUT DR

City NASHVILLE State TN Zip Code 37205-2915

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

Name of Employer SELF-EMPLOYED Occupation M.O.H.S. SURGEON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5200.00

Date of Receipt 07 / 11 / 2014  
**Transaction ID : SA11.315084**

Amount of Each Receipt this Period 5200.00

CONTRIBUTION

**B. DR. JAE YOON**  
Full Name (Last, First, Middle Initial)

Mailing Address 12855 N 40 DR

City SAINT LOUIS State MO Zip Code 63141-8657

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

Name of Employer SIGNATURE HEALTH Occupation DERMATOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 07 / 11 / 2014  
**Transaction ID : SA11.315088**

Amount of Each Receipt this Period 2600.00

CONTRIBUTION

**C. DR. ROSS ZELTSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 WILDCAT RD

City CHAPPAQUA State NY Zip Code 10514-2316

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

Name of Employer WESTCHESTER DERMATOLOGY Occupation DERMATOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2014  
**Transaction ID : SA11.315089**

Amount of Each Receipt this Period 500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 8300.00

**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 11 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. MR. DICK BOYCE**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 CERVANTES RD

City	State	Zip Code
PORTOLA VALLEY	CA	94028-7620

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 15 / 2014  
**Transaction ID : SA11.315092**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. MR. BENJAMIN PATRICK WOOSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 11TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94103-3715

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

Name of Employer	Occupation
SELF-EMPLOYED	SOFTWARE DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 16 / 2014  
**Transaction ID : SA11.315093**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. MR. DANIEL D. CHAMBERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3045 WOODHOLLOW DR

City	State	Zip Code
HIGHLAND VILLAGE	TX	75077-8697

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

Name of Employer	Occupation
KEY-WHITMAN EYE CENTER	C.F.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 17 / 2014  
**Transaction ID : SA11.1312**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> 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 12 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. JAMES P. GILLS III**  
Full Name (Last, First, Middle Initial)

Mailing Address 43309 US HIGHWAY 19 N

City State Zip Code  
TARPON SPRINGS FL 34689-6221

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

Name of Employer Occupation  
ST. LUKES EYE OPHTHALMOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 17 / 2014  
**Transaction ID : SA11.1315**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**B. DR. GARTH TROY GREENWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 16828 FAWN HILL LN

City State Zip Code  
SONORA CA 95370-9100

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

Name of Employer Occupation  
NORTHERN CALIFORNIA SPINE INSTITUTE PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 17 / 2014  
**Transaction ID : SA11.315094**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. MR. PHILLIPS LABOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 2201 WESTGATE PLZ

City State Zip Code  
GRAPEVINE TX 76051-8037

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

Name of Employer Occupation  
EYE CONSULTANTS OF TEXAS OPHTHALMOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 17 / 2014  
**Transaction ID : SA11.1321**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

**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:	PAGE 13 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. JAMES C. LODEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 877 CURTISWOOD LN

City NASHVILLE State TN Zip Code 37204-4320

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

Name of Employer LODEN VISION CENTER Occupation OPHTHALMOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11.1318**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. DR. FARRELL TYSON**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 100181

City CAPE CORAL State FL Zip Code 33910-0181

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

Name of Employer TYSON EYE Occupation OPHTHALMOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11.1320**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. DR. DANIEL W. WELCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 407 AVENUE K SE

City WINTER HAVEN State FL Zip Code 33880-4126

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

Name of Employer EYE SPECIALISTS OF MID-FLORIDA Occupation OPHTHALMOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : SA11.1317**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 14 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. MURAD ALAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 E BELLEVUE PL  
APT 16C

City CHICAGO State IL Zip Code 60611-5183

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

Name of Employer NORTHWESTERN UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  
07 / 29 / 2014  
**Transaction ID : SA11.315041**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**B. DR. ANIR DHIR**  
Full Name (Last, First, Middle Initial)

Mailing Address 751 THE GRANGE LN

City LEXINGTON State KY Zip Code 40511-9577

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

Name of Employer DERMATOLOGY ASSOCIATES OF KY Occupation SURGEON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
07 / 29 / 2014  
**Transaction ID : SA11.315036**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C. DR. SCOTT W. FOSKO**  
Full Name (Last, First, Middle Initial)

Mailing Address 7370 WESTMORELAND DR

City SAINT LOUIS State MO Zip Code 63130-4240

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

Name of Employer SAINT LOUIS UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 29 / 2014  
**Transaction ID : SA11.315042**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4100.00

**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 15 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DR. ERIN S. GARDNER</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 <b>Transaction ID : SA11.315037</b>
Mailing Address 315 DICKSON ST		Amount of Each Receipt this Period 1000.00
City SAINT LOUIS	State MO	Zip Code 63122-4631
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer DERMATOLOGY SPECIALISTS OF ST. LOUIS	Occupation PHYSICIAN/SURGEON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. MR. WILLEM L. LAMAR</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 <b>Transaction ID : SA11.315038</b>
Mailing Address PO BOX 16470		Amount of Each Receipt this Period 2000.00
City JACKSON	State MS	Zip Code 39236-6470
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer MCGOWAN WORKING PARTNERS INC	Occupation ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. MR. JOSEPH P. TURCO</b>		Date of Receipt MM / DD / YYYY 07 / 29 / 2014 <b>Transaction ID : SA11.315044</b>
Mailing Address 3236 COUNTY ROAD 37		Amount of Each Receipt this Period 1000.00
City FORT CALHOUN	State NE	Zip Code 68023-5116
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer OPTIMUM DATA, INC.	Occupation BUSINESS OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> 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 16 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. G. B. WILNTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1917 MILLBROOK DR

City JOHNSON CITY State TN Zip Code 37604-1485

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

Name of Employer TRI-CITIES SKIN & CANCER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014

**Transaction ID : SA11.315039**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**B. MR. BOB CAREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5404 MOHICAN RD

City BETHESDA State MD Zip Code 20816-2162

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

Name of Employer ABRAHAM & ROETZEL Occupation POLICY ANALYST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11.315060**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C. MR. WILLIAM J. MURRAY**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 7416

City FREDERICKSBURG State VA Zip Code 22404-7416

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

Name of Employer RELIGIOUS FREEDOM COALITION Occupation CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11.315061**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 17 OF 69
<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)  
**RAND PAUL VICTORY COMMITTEE**

**A. THE OUTLAW GROUP, L.L.C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 513 FRANKLIN ST  
City ALEXANDRIA State VA Zip Code 22314-4124  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2014  
**Transaction ID : SA11.315068**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION  
ATTRIBUTION TO PARTNERS REQUESTED

**B. DR. KEVIN C. BOOTH M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1078 S WEDGEWOOD RD  
City SAN RAMON State CA Zip Code 94582-5823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation N.C.S.I. ORTHOPAEDIC SURGEON  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10200.00

Date of Receipt 08 / 12 / 2014  
**Transaction ID : SA11.315138**  
Amount of Each Receipt this Period 2600.00  
CONTRIBUTION  
REFUNDED \$600.00 ON 09/15/2014

**C. MRS. ANGELA K. CARLSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 4286  
City BIG BEAR LAKE State CA Zip Code 92315-4286  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation ALLIANCE SURGICAL DISTRIBUTORS PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 12 / 2014  
**Transaction ID : SA11.315076**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3850.00
<b>TOTAL</b> 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: PAGE 18 OF 69  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. MR. PETER GOETTLER**

Mailing Address 40 BARNEGAT RD

City State Zip Code  
NEW CANAAN CT 06840-2107

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
08 / 12 / 2014  
**Transaction ID : SA11.315071**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JODIE KONIGSBERG**

Mailing Address 9475 BLESSING DR

City State Zip Code  
PLEASANTON CA 94588-4603

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

Name of Employer Occupation  
SELF-EMPLOYED NURSE PRACTITIONER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 12 / 2014  
**Transaction ID : SA11.315072**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. PAUL J. MARTINO**

Mailing Address 146 BEVERLY ST

City State Zip Code  
MOUNTAIN VIEW CA 94043-5257

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

Name of Employer Occupation  
AGGREGATE KNOWLEDGE C.E.O.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  
08 / 12 / 2014  
**Transaction ID : SA11.315073**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8600.00

**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 19 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. JEFFREY A. POAGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 ROAN DR

City DANVILLE State CA Zip Code 94526-1916

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

Name of Employer JOHN MUIR MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2014  
**Transaction ID : SA11.315074**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B. MR. STEPHEN J. SCHRADER**  
Full Name (Last, First, Middle Initial)

Mailing Address 318 HOFFMAN AVE

City SAN FRANCISCO State CA Zip Code 94114-3130

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

Name of Employer BAKER & MCKENZIE Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2014  
**Transaction ID : SA11.315075**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C. MR. NATHANIEL TUCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 10625 NE 29TH ST  
APT 124

City BELLEVUE State WA Zip Code 98004-2006

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

Name of Employer TUBULAR LABS Occupation SOFTWARE DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2014  
**Transaction ID : SA11.315070**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00

**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 20 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DR. CAMERON JAVID</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : SA11.315096</b>
Mailing Address 6561 E CARONDELET DR		Amount of Each Receipt this Period 1000.00
City TUCSON	State AZ	Zip Code 85710-2156
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETINA ASSOCIATES	Occupation OPHTHALMOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. DR. JOHN A. MCCUBBIN M.D.</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : SA11.315095</b>
Mailing Address 216 W 15TH ST		Amount of Each Receipt this Period 1000.00
City HOPKINSVILLE	State KY	Zip Code 42240-2036
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation OPHTHALMOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. MRS. CAROL L. CHAMBERLIN</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2014 <b>Transaction ID : SA11.315100</b>
Mailing Address 247 S HANOVER AVE		Amount of Each Receipt this Period 750.00
City LEXINGTON	State KY	Zip Code 40502-1809
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> 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 21 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. MR. CRAIG F. CHAMBERLIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 247 S HANOVER AVE

City LEXINGTON State KY Zip Code 40502-1809

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

**Transaction ID : SA11.315101**

Amount of Each Receipt this Period  
 750.00

CONTRIBUTION

**B. MR. RALPH A. COLDIRON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4708 WATERSIDE CT

City LEXINGTON State KY Zip Code 40513-1422

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

Name of Employer SELF-EMPLOYED Occupation CONSTRUCTION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID : SA11.315122**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C. MR. CHARLES R. CRUME**  
Full Name (Last, First, Middle Initial)

Mailing Address 3480 SPRINGFIELD RD

City BLOOMFIELD State KY Zip Code 40008-7338

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

Name of Employer GRANDVIEW FARM Occupation ENGINEER/FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID : SA11.315105**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 22 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. THOMAS E. D'AMBRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 370 RIVERVIEW RD  
 City REXFORD State NY Zip Code 12148-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALBANY MOLECULAR RESEARCH Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10100.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315114**  
 Amount of Each Receipt this Period 20400.00  
 CONTRIBUTION  
 SEE REATTRIBUTION

**B. MRS. CONSTANCE D'AMBRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 370 RIVERVIEW RD  
 City REXFORD State NY Zip Code 12148-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TAC, L.L.C. Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10200.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315135**  
 Amount of Each Receipt this Period 10200.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

**C. DR. THOMAS E. D'AMBRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 370 RIVERVIEW RD  
 City REXFORD State NY Zip Code 12148-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALBANY MOLECULAR RESEARCH Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10100.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315114B**  
 Amount of Each Receipt this Period -10200.00  
 CONTRIBUTION  
**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20400.00
<b>TOTAL</b> 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: PAGE 23 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. MRS. JEAN M. DORTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 TWIN OAK DR  
 City PAINTSVILLE State KY Zip Code 41240-1080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315108**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. DR. JAMES E. DUNNINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3808 BRIER EAST RD  
 City LEXINGTON State KY Zip Code 40509-9710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315111**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MRS. LISA PAGE DUNNINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3808 BRIER EAST RD  
 City LEXINGTON State KY Zip Code 40509-9710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TAYLOR REGIONAL HOSPITAL Occupation DIRECTOR QUALITY CARE MGMT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315110**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1500.00  
**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 24 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. BILLY A. FORBESS II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 227 S ASHLAND AVE  
 City LEXINGTON State KY Zip Code 40502-1727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HEARTLAND DENTAL CARE, INC. Occupation DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315123**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MRS. ALICE H. FORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2175 MOUNT VICTOR LN  
 City BOWLING GREEN State KY Zip Code 42103-9001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315119**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. HOLLOWAY FROST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6632 RODRIGO ST  
 City HOUSTON State TX Zip Code 77007-2045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 8200.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315155**  
 Amount of Each Receipt this Period 8200.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8700.00
<b>TOTAL</b> 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: PAGE 25 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. JOHN E. GAREN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 SPRINGWATER CIR  
 City LEXINGTON State KY Zip Code 40515-6031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF KENTUCKY Occupation PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315104**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MR. WILLIAM B. HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 736 LIVE OAK PL  
 City OWENSBORO State KY Zip Code 42303-8814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315118**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. MR. PRESTON MADDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 12128  
 City LEXINGTON State KY Zip Code 40580-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MADDEN DEVELOPMENT Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315102**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00  
**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:	PAGE 26 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. MR. GREG H. MARTELLI**  
Full Name (Last, First, Middle Initial)

Mailing Address 599 CALLOWAY WHITE RD

City WINCHESTER	State KY	Zip Code 40391-9771
--------------------	-------------	------------------------

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

Name of Employer FOX HILL	Occupation GENERAL CONTRACTOR
------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.315124**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. MR. DINWIDDIE L. MATHIS**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 669

City BARDSTOWN	State KY	Zip Code 40004-0669
-------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.315112**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. MS. VIRGINIA KRAFT PAYSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4434 PARIS PIKE

City LEXINGTON	State KY	Zip Code 40511-8428
-------------------	-------------	------------------------

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

Name of Employer PAYSON STUD, INC.	Occupation PRESIDENT
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.315125**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<b>TOTAL</b> 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: PAGE 27 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. MS. NANCY K. POLK**

Mailing Address 4701 PARIS PIKE

City State Zip Code  
LEXINGTON KY 40511-8427

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

Name of Employer Occupation  
NORMANDY FARM EQUESTRIAN FARMING

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.315126**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. CHARLES E. PRICE**

Mailing Address 3514 HEDGEWICK PL

City State Zip Code  
LOUISVILLE KY 40245-8497

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.315129**

Amount of Each Receipt this Period  
1300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. JANET R. PRICE**

Mailing Address 3514 HEDGEWICK PL

City State Zip Code  
LOUISVILLE KY 40245-8497

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

Name of Employer Occupation  
CHARAH, INC. VICE PRESIDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11.315107**

Amount of Each Receipt this Period  
1300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5100.00

**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 28 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. MR. ANDRE F. REGARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 269 W MAIN ST  
 STE 600  
 City LEXINGTON State KY Zip Code 40507-1759  
 Name of Employer REGARD LAW GROUP PLLC Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315120**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MRS. MARY L. G. THEROUX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 SWAN WAY  
 STE 200  
 City OAKLAND State CA Zip Code 94621-1459  
 Name of Employer SELF-EMPLOYED Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315109**  
 Amount of Each Receipt this Period 2000.00  
 CONTRIBUTION

**C. MRS. KATHALEEN WALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 PINEHAVEN DR  
 City HOUSTON State TX Zip Code 77024-3729  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10200.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315156**  
 Amount of Each Receipt this Period 10200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 12700.00  
**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 29 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. MRS. GAYLA WARNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1623 RIVERGREEN LN

City BOWLING GREEN State KY Zip Code 42103-8730

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

Name of Employer SELF-EMPLOYED Occupation MANUFACTURER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

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

**Transaction ID : SA11.315116**

Amount of Each Receipt this Period  
 3000.00

CONTRIBUTION

**B. DR. JULIAN M. WHITAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 14086

City IRVINE State CA Zip Code 92623-4086

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID : SA11.315127**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. DR. PAT HSUEH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2005 SILVERADA BLVD  
STE 140

City RENO State NV Zip Code 89512-5033

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11.315147**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

**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 30 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. GARY HIRSHFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 HILLSIDE AVE

City PORT WASHINGTON State NY Zip Code 11050-2723

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014  
**Transaction ID : SA11.315149**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. MR. STEPHEN D. BECHTEL JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 193809

City SAN FRANCISCO State CA Zip Code 94119-3809

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

Name of Employer THE FREMONT GROUP Occupation CHAIRMAN EMERITUS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014  
**Transaction ID : SA11.315146**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

**C. DR. DONALD JAMES CINOTTI**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 PAVONIA AVE STE 6

City JERSEY CITY State NJ Zip Code 07306-2932

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

Name of Employer HUDSON EYE PHYSICIANS & SURGEONS Occupation OPHTHALMOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014  
**Transaction ID : SA11.315150**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3850.00

**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 31 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. MRS. MARY ELAINE FLYNN**  
Full Name (Last, First, Middle Initial)

Mailing Address 966 CHEROKEE RD, UNIT 102

City	State	Zip Code
LOUISVILLE	KY	40204-

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014  
**Transaction ID : SA11.315142**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. MR. NATHAN JAMES HANKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 ARMSTRONG DR

City	State	Zip Code
FRISCO	TX	75034-1859

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

Name of Employer	Occupation
REACH LOCAL	PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014  
**Transaction ID : SA11.315144**

Amount of Each Receipt this Period  
 5200.00

CONTRIBUTION

**C. DR. STEVE L. PETERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 RED MAPLE CT

City	State	Zip Code
JONESBOROUGH	TN	37659-5199

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

Name of Employer	Occupation
TRI-CITIES SKIN & CANCER	PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014  
**Transaction ID : SA11.315139**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8200.00
<b>TOTAL</b> 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 32 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM J. SHIVELY</b>		Date of Receipt
Mailing Address 1750 SAHALEE DR		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
LEXINGTON	KY	40511-9588
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.315145</b>
TOWER HILL INSURANCE	C.E.O.	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="10094.03"/>	<input type="text" value="10000.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. DR. HENRY C. VASCONEZ M.D.</b>		Date of Receipt
Mailing Address 2076 LAKESIDE DR		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
LEXINGTON	KY	40502-3027
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.315143</b>
UNIVERSITY OF KENTUCKY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. DR. STANLEY M. ROUS</b>		Date of Receipt
Mailing Address 850 S PINE ISLAND RD BLDG A		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
PLANTATION	FL	33324-3118
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.315151</b>
FORT LAUDERDALE EYE INST.	PHYSICIAN/OPHTHALMOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
		CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="10500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 33 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. DOUGLAS EDWARD MAZZUCA SR.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 48 N BROADWAY

City PENNSVILLE	State NJ	Zip Code 08070-1754
FEC ID number of contributing federal political committee. C		
Name of Employer MAZZUCA EYE & LASER CENTERS	Occupation OPHTHALMOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt  
09 / 22 / 2014  
**Transaction ID : SA11.315152**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B. DR. PETER MENGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 91 10TH ST

City GARDEN CITY	State NY	Zip Code 11530-1552
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation OPHTHALMOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
09 / 22 / 2014  
**Transaction ID : SA11.315153**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. MR. DONALD B. HUFFINES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8200 DOUGLAS AVE  
STE 300

City DALLAS	State TX	Zip Code 75225-0015
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5200.00	

Date of Receipt  
09 / 24 / 2014  
**Transaction ID : SA11.315158**

Amount of Each Receipt this Period  
-4800.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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:	PAGE 34 OF 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MRS. MARY CATHERINE HUFFINES</b>		Date of Receipt
Mailing Address 3619 CRESCENT AVE		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
DALLAS	TX	75205-3910
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.315157</b>
HOMEMAKER	HOMEMAKER	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="4800.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼		<b>[MEMO ITEM]</b>
<input type="text" value="4800.00"/>		REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial) <b>B. MR. J MCCAULEY BROWN</b>		Date of Receipt
Mailing Address 5208 AVISH LANE		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
HARRODS CREEK	KY	40027-
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.326734</b>
HOMEMAKER	HOMEMAKER	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5200.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼		
<input type="text" value="5200.00"/>		

Full Name (Last, First, Middle Initial) <b>C. MR. PETER DIAMOND</b>		Date of Receipt
Mailing Address 2828 TILDEN AVE		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
LOS ANGELES	CA	90064-4012
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.326750</b>
INFORMATION REQUESTED PER BEST EFF	INFORMATION REQUESTED PER BEST EFF	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		CONTRIBUTION
Aggregate Year-to-Date ▼		
<input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 35 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. MR. PETER DIAMOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 2828 TILDEN AVE

City LOS ANGELES State CA Zip Code 90064-4012

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 29 / 2014  
**Transaction ID : SA11.326751**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. MR. EDWIN DONALD ELLIOTT JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 11TH ST NE

City WASHINGTON State DC Zip Code 20002-6218

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

Name of Employer Occupation  
COVINGTON & BURLING LLP ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 29 / 2014  
**Transaction ID : SA11.326738**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. MRS. MAUREEN GRAHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 448 N LAS PALMAS AVE

City LOS ANGELES State CA Zip Code 90004-1016

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 29 / 2014  
**Transaction ID : SA11.326745**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1250.00

**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 36 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. MR. THOMAS V. HARMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11776 STRATFORD HOUSE PL  
APT 1005

City RESTON State VA Zip Code 20190-3384

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

Name of Employer PORTLAND CEMENT ASSOC. Occupation DIRECTOR, REGULATORY AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 29 / 2014  
**Transaction ID : SA11.326739**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. DR. ARTHUR KREITENBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 12012 SILVER FOX RD

City LOS ALAMITOS State CA Zip Code 90720-4453

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 29 / 2014  
**Transaction ID : SA11.326743**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C. DR. RONALD S. LEUCHTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 458 16TH ST

City SANTA MONICA State CA Zip Code 90402-2234

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 29 / 2014  
**Transaction ID : SA11.326744**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**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: PAGE 37 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. HOWARD C. MANDEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10309 SANTA MONICA BLVD  
 City State Zip Code  
 LOS ANGELES CA 90025-5007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014  
**Transaction ID : SA11.326752**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. MR. DAVID A. METZNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4611 HAWTHORNE LN NW  
 City State Zip Code  
 WASHINGTON DC 20016-3437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ACG ANALYTICS PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014  
**Transaction ID : SA11.326733**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. MR. MARK E. MINYARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 N STAR LN  
 City State Zip Code  
 NEWPORT BEACH CA 92660-5716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MINYARD MORRIS ATTORNEY  
 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  
 09 / 29 / 2014  
**Transaction ID : SA11.326741**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00  
**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 38 OF 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM J. MURRAY</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014 <b>Transaction ID : SA11.326737</b>
Mailing Address PO BOX 7416		Amount of Each Receipt this Period 250.00
City FREDERICKSBURG	State VA	Zip Code 22404-7416
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RELIGIOUS FREEDOM COALITION	Occupation CHAIRMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. MR. BRADLEY O'LEARY</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014 <b>Transaction ID : SA11.326735</b>
Mailing Address 2015 WHITEBEAD TRL		Amount of Each Receipt this Period 1000.00
City AUSTIN	State TX	Zip Code 78734-3154
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. MR. PATRICK PASCAL</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2014 <b>Transaction ID : SA11.326736</b>
Mailing Address 3311 LOWRY RD		Amount of Each Receipt this Period 1000.00
City LOS ANGELES	State CA	Zip Code 90027-1317
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer CHELSEA MANAGEMENT COMPANY	Occupation INVESTMENT ADVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> 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 40 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. PETER D. WEISS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5380 WHITMAN RD

City State Zip Code  
HIDDEN HILLS CA 91302-1178

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 29 / 2014  
**Transaction ID : SA11.326742**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. MR. MICHAEL L. WELSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 609 13TH ST

City State Zip Code  
MANHATTAN BEACH CA 90266-4832

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 29 / 2014  
**Transaction ID : SA11.326747**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C. DR. SCOTT ROGER ANAGNOSTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5940 SW 37TH TER

City State Zip Code  
FORT LAUDERDALE FL 33312-6201

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

Name of Employer Occupation  
RETINA GROUP OF FLORIDA PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11.326846**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 41 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. ARTHUR ASTORINO JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25252 MUSTANG DR  
 City LAGUNA HILLS State CA Zip Code 92653-5748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11.326840**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MRS. ANGELA R. CARROLL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 GARY LN  
 City HOPKINSVILLE State KY Zip Code 42240-9359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer T.V.A. Occupation PROGRAM MANAGER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11.326854**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. THOMAS A. DONNELLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1344 GARVIN LN  
 City BOWLING GREEN State KY Zip Code 42101-7621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation REAL ESTATE INVESTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 2600.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11.326853**  
 Amount of Each Receipt this Period 2600.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 3100.00  
**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: PAGE 43 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. KURT F. HEITMAN**

Mailing Address 32 MONTROSE DR

City GREENVILLE      State SC      Zip Code 29607-3034

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

Name of Employer SOUTHERN EYE ASSOCIATES      Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.326847**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. J. B. HOLLAND**

Mailing Address 199 TONY AVE

City BOWLING GREEN      State KY      Zip Code 42103-9786

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.326851**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DR. PETE LAGOUROS**

Mailing Address 8921 N WOOD SAGE RD

City PEORIA      State IL      Zip Code 61615-7822

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

Name of Employer SELF-EMPLOYED      Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.326844**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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: PAGE 44 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. DR. MARY POLLY MCKINSTRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25252 MUSTANG DR  
 City LAGUNA HILLS State CA Zip Code 92653-5748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : SA11.326841**  
 Amount of Each Receipt this Period **250.00**  
 CONTRIBUTION

**B. MR. DARELL R. PIERCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 908 STATE ST  
 City BOWLING GREEN State KY Zip Code 42101-2233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : SA11.326859**  
 Amount of Each Receipt this Period **500.00**  
 CONTRIBUTION

**C. DR. FRANK ROSENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 709 VIA LA CUESTA  
 City PALOS VERDES ESTATES State CA Zip Code 90274-1472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : SA11.326842**  
 Amount of Each Receipt this Period **1000.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **1750.00**  
**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 45 OF 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. MR. WILLIAM J. SHIVELY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1750 SAHALEE DR

City LEXINGTON State KY Zip Code 40511-9588

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

Name of Employer TOWER HILL INSURANCE Occupation C.E.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10094.03

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11.336889**

Amount of Each Receipt this Period  
94.03

CONTRIBUTION  
INKIND: GOLF REGISTRATION FEE

**B. DR. ROBERT C. SPURNY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3834 N PASEO DEL SOL

City MESA State AZ Zip Code 85207-1853

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11.326858**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. DR. KENNETH DOUGLAS TUCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3320 FRANKLIN RD SW

City ROANOKE State VA Zip Code 24014-1310

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

Name of Employer VISTAR EYE CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11.326849**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1344.03
<b>TOTAL</b> 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: PAGE 46 OF 69  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. ROBERT E. WIGGINS JR.**

Mailing Address 8 MEDICAL PARK DR

City ASHEVILLE      State NC      Zip Code 28803-2493

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

Name of Employer ASHEVILLE EYE ASSOCIATES      Occupation PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11.326843**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DR. JOSEPH J. ZAYDON JR., M.D.**

Mailing Address 720 2ND AVE  
STE 302

City BOWLING GREEN      State KY      Zip Code 42101-1778

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

Name of Employer BOWLING GREEN PLASTIC SURGERY      Occupation PLASTIC SURGEON

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11.326852**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WESTERN RISK, L.L.C.**

Mailing Address 331 RIVIERA DR

City COSTA MESA      State CA      Zip Code 92627-1427

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

Name of Employer

Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11.326850**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	188594.03

**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 47 OF 69
<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

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC</b>		Date of Receipt MM / DD / YYYY 07 / 17 / 2014 <b>Transaction ID : SA11.1316</b>
Mailing Address 501 MAIN ST STE 200		Amount of Each Receipt this Period 5000.00
City WINDSOR State CO Zip Code 80550-5131	FEC ID number of contributing federal political committee. C C00481200	CONTRIBUTION
Name of Employer Occupation	Aggregate Year-to-Date ▼ 10000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ARKEMA PAC</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2014 <b>Transaction ID : SA11.315064</b>
Mailing Address 2000 MARKET ST		Amount of Each Receipt this Period 1000.00
City PHILADELPHIA State PA Zip Code 19103-3231	FEC ID number of contributing federal political committee. C C00182980	CONTRIBUTION
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BRYAN CAVE LLP POLITICAL FUND</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2014 <b>Transaction ID : SA11.315066</b>
Mailing Address 1155 F ST NW STE 700		Amount of Each Receipt this Period 2000.00
City WASHINGTON State DC Zip Code 20004-1312	FEC ID number of contributing federal political committee. C C00332643	CONTRIBUTION
Name of Employer Occupation	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> 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 48 OF 69
<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

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. CELANESE CORPORATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1601 LYNDON B JOHNSON FWY  
 City DALLAS State TX Zip Code 75234-6034  
 FEC ID number of contributing federal political committee. **C** C00084871  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 11 / 2014  
**Transaction ID : SA11.315067**  
 Amount of Each Receipt this Period 1500.00  
 CONTRIBUTION

**B. CEMEX INC. EMPLOYEES PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 929 GESSNER RD STE 1900  
 City HOUSTON State TX Zip Code 77024-2317  
 FEC ID number of contributing federal political committee. **C** C00111880  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 11 / 2014  
**Transaction ID : SA11.315063**  
 Amount of Each Receipt this Period 2000.00  
 CONTRIBUTION

**C. FREEDOM & PROSPERITY PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1592 UNION ST  
 City SAN FRANCISCO State CA Zip Code 94123-4505  
 FEC ID number of contributing federal political committee. **C** C00465914  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 11 / 2014  
**Transaction ID : SA11.315062**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> 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 49 OF 69
<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

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. SAFARI CLUB INTERNATIONAL PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4800 W GATES PASS RD  
City TUCSON State AZ Zip Code 85745-9600  
FEC ID number of contributing federal political committee. **C** C00122101  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 11 / 2014  
**Transaction ID : SA11.315065**  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**B. RIVER HORSE PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 THEODORE WAY  
City DOYLESTOWN State PA Zip Code 18901-2154  
FEC ID number of contributing federal political committee. **C** C00487298  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 08 / 12 / 2014  
**Transaction ID : SA11.315077**  
Amount of Each Receipt this Period 2600.00  
CONTRIBUTION

**C. AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. AGA PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4720 MONTGOMERY LN STE 430  
City BETHESDA State MD Zip Code 20814-3441  
FEC ID number of contributing federal political committee. **C** C00423228  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 09 / 2014  
**Transaction ID : SA11.315103**  
Amount of Each Receipt this Period 2000.00  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5600.00
<b>TOTAL</b> 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 50 OF 69
<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

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NAME OF COMMITTEE (In Full)  
**RAND PAUL VICTORY COMMITTEE**

**A. BURGER KING FRANCHISEE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 BARRETT LAKES BLVD NW  
 STE 180  
 City KENNESAW State GA Zip Code 30144-4561  
 FEC ID number of contributing federal political committee. **C** C00329425  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014  
**Transaction ID : SA11.315141**  
 Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B. GLOVER PARK GROUP LLC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 13TH ST NW  
 STE 600  
 City WASHINGTON State DC Zip Code 20005-5998  
 FEC ID number of contributing federal political committee. **C** C00466094  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014  
**Transaction ID : SA11.315140**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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) ▼  
 Aggregate Year-to-Date ▼

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20600.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City BOWLING GREEN State KY Zip Code 42101-2566

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2014

Transaction ID : **SB21B.I6675**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. ARISTEIA GROUP, INC.**

Mailing Address 1020 N. FAIRFAX ST., STE. 201

City ALEXANDRIA State VA Zip Code 22314-1537

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : **SB21B.I159**

Amount of Each Disbursement this Period

4940.76

Full Name (Last, First, Middle Initial)

**C. AUZEY ENTERTAINMENT**

Mailing Address 919 SANDWEDGE CT

City BOWLING GREEN State KY Zip Code 42103-2509

Purpose of Disbursement  
MUSIC ENTERTAINMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : **SB21B.I155**

Amount of Each Disbursement this Period

300.00

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

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

5290.76

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BROGHAMER CONSULTING LLC**

Mailing Address 502 MONROE ST.

City NEWPORT State KY Zip Code 41071-2006

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SB21B.I156

Amount of Each Disbursement this Period

2043.76

Full Name (Last, First, Middle Initial)

**B. GOLDMAN SACHS & CO.**

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 1000 E

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SB21B.I157

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. GULF SHORES GOLF CLUB**

Mailing Address PO BOX 499

City GULF SHORES State AL Zip Code 36547

Purpose of Disbursement  
CATERING/GOLF REGISTRATION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SB21B.I158

Amount of Each Disbursement this Period

3505.00

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

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

5798.76

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LIBERTY PHONE CENTER, INC.**

Mailing Address P.O. BOX 8265

City SPRINGFIELD State VA Zip Code 22151-8265

Purpose of Disbursement  
POSTAGE/PERSONNEL SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : **SB21B.I160**

Amount of Each Disbursement this Period

386.82

Category/Type

Full Name (Last, First, Middle Initial)

**B. MERCHE SOLUTIONS**

Mailing Address 3600 BRIDGE PARKWAY SUITE 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : **SB21B.I6682**

Amount of Each Disbursement this Period

88.81

Category/Type

Full Name (Last, First, Middle Initial)

**C. REINVENTING A NEW DIRECTION - RANDPAC**

Mailing Address PO BOX 72598

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement  
FUNDRAISER EXPENSE REIMBURSEMENTS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : **SB21B.I162**

Amount of Each Disbursement this Period

1449.45

Category/Type

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

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

1925.08

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOWLING GREEN TENT RENTAL**

Mailing Address 2932 CROSSRIDGE CT

City BOWLING GREEN State KY Zip Code 42104-4713

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2014

Transaction ID : SB21B.I161

Amount of Each Disbursement this Period

1449.45

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 981540

City EL PASO State TX Zip Code 79998-1540

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2014

Transaction ID : SB21B.I6876

Amount of Each Disbursement this Period

43.65

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2014

Transaction ID : SB21B.I164

Amount of Each Disbursement this Period

1672.54

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

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

1716.19

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE KEELAN GROUP, LLC**

Mailing Address PO BOX 2016

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SB21B.I165

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. REINVENTING A NEW DIRECTION - RANDPAC**

Mailing Address PO BOX 72598

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement  
FUNDRAISER EXPENSE REIMBURSEMENTS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SB21B.I166

Amount of Each Disbursement this Period

1272.00

Full Name (Last, First, Middle Initial)

**C. CAMBRIDGE MARKET & CAFE INC.**

Mailing Address 830 FAIRVIEW AVE

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : SB21B.I167

Amount of Each Disbursement this Period

1272.00

[MEMO ITEM]

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

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

1522.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043-1126

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2014

Transaction ID : SB21B.I6673

Amount of Each Disbursement this Period

228.94

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105-3727

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2014

Transaction ID : SB21B.I6873

Amount of Each Disbursement this Period

957.75

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City BOWLING GREEN State KY Zip Code 42101-2566

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SB21B.I6674

Amount of Each Disbursement this Period

50.00

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

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

1236.69

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MERCHE SOLUTIONS**

Mailing Address 3600 BRIDGE PARKWAY SUITE 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

**Transaction ID : SB21B.I6683**

Amount of Each Disbursement this Period

66.86
-------

Full Name (Last, First, Middle Initial)

**B. LARRY MARSO**

Mailing Address 737 PINE STREET, #53

City SAN FRANCISCO State CA Zip Code 94108

Purpose of Disbursement  
PHOTOGRAPHY SVC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2014

**Transaction ID : SB21B.I6559**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. JASON WEEKS**

Mailing Address 2001 ROCKCREEK DR. APT. 18A

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement  
PERSONNEL SVC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2014

**Transaction ID : SB21B.I6558**

Amount of Each Disbursement this Period

240.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

556.86
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**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ARISTEIA GROUP, INC.**

Mailing Address 1020 N. FAIRFAX ST., STE. 201

City ALEXANDRIA State VA Zip Code 22314-1537

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2014

Transaction ID : **SB21B.I6556**

Amount of Each Disbursement this Period

7788.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. BROGHAMER CONSULTING LLC**

Mailing Address 502 MONROE ST.

City NEWPORT State KY Zip Code 41071-2006

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2014

Transaction ID : **SB21B.I6554**

Amount of Each Disbursement this Period

2067.41

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA PROCESSING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2014

Transaction ID : **SB21B.I6557**

Amount of Each Disbursement this Period

1650.49

Category/  
Type

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

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

11505.90

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LIBERTY PHONE CENTER, INC.**

Mailing Address P.O. BOX 8265

City SPRINGFIELD State VA Zip Code 22151-8265

Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2014

Transaction ID : **SB21B.I6555**

Amount of Each Disbursement this Period

1152.86

Full Name (Last, First, Middle Initial)

**B. DARAE & FRIENDS CATERING**

Mailing Address 3459 BUCKHORN DR #140

City LEXINGTON State KY Zip Code 40515

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2014

Transaction ID : **SB21B.I6677**

Amount of Each Disbursement this Period

1015.00

Full Name (Last, First, Middle Initial)

**C. DARAE & FRIENDS CATERING**

Mailing Address 3459 BUCKHORN DR #140

City LEXINGTON State KY Zip Code 40515

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

Transaction ID : **SB21B.I6678**

Amount of Each Disbursement this Period

1520.15

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

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

3688.01

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WKU CASHIER'S OFFICE**

Mailing Address 1906 COLLEGE HEIGHTS BLVD #11022

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement  
CATERING/FACILITY RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

Transaction ID : SB21B.I6679

Amount of Each Disbursement this Period

7015.72

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105-3727

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2014

Transaction ID : SB21B.I6874

Amount of Each Disbursement this Period

58.60

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City BOWLING GREEN State KY Zip Code 42101-2566

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB21B.I6680

Amount of Each Disbursement this Period

50.00

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

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

7124.32

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ARISTEIA GROUP, INC.**

Mailing Address 1020 N. FAIRFAX ST., STE. 201

City ALEXANDRIA State VA Zip Code 22314-1537

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : SB21B.I6685

Amount of Each Disbursement this Period

4175.77

Full Name (Last, First, Middle Initial)

**B. BROGHAMER CONSULTING LLC**

Mailing Address 502 MONROE ST.

City NEWPORT State KY Zip Code 41071-2006

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : SB21B.I6684

Amount of Each Disbursement this Period

2036.97

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD  
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : SB21B.I6686

Amount of Each Disbursement this Period

1692.14

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

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

7904.88

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEATHERSTON'S MOTOR CO.**

Mailing Address 688 E NEW CIRCLE RD

City LEXINGTON State KY Zip Code 40505

Purpose of Disbursement  
PERSONNEL SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : SB21B.I6724

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MERCHE SOLUTIONS**

Mailing Address 3600 BRIDGE PARKWAY SUITE 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : SB21B.I6725

Amount of Each Disbursement this Period

60.49

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 981540

City EL PASO State TX Zip Code 79998-1540

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : SB21B.I6877

Amount of Each Disbursement this Period

14.60

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

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

575.09

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MINUTEMAN PRESS**

Mailing Address 555/STE 1 NEW JERSEY AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

Transaction ID : SB21B.I6734

Amount of Each Disbursement this Period

612.96

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 981540

City EL PASO State TX Zip Code 79998-1540

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2014

Transaction ID : SB21B.I6878

Amount of Each Disbursement this Period

57.95

Full Name (Last, First, Middle Initial)

**C. 24 CARROTS**

Mailing Address 17851 SKY PARK CIRCLE, SUITE F

City IRVINE State CA Zip Code 92614

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB21B.I6866

Amount of Each Disbursement this Period

1413.93

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

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

2084.84

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. 24 CARROTS**

Mailing Address 17851 SKY PARK CIRCLE, SUITE F

City IRVINE State CA Zip Code 92614

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB21B.I6867

Amount of Each Disbursement this Period

2180.52

Full Name (Last, First, Middle Initial)

**B. MICHAELS**

Mailing Address 8000 BENT BRANCH DR.

City IRVING State TX Zip Code 75063-5126

Purpose of Disbursement  
FUNDRAISER EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB21B.I6865

Amount of Each Disbursement this Period

294.47

Full Name (Last, First, Middle Initial)

**C. MINUTEMAN PRESS**

Mailing Address 555/STE 1 NEW JERSEY AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : SB21B.I6868

Amount of Each Disbursement this Period

3242.74

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

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

5717.73

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. 24 CARROTS**

Mailing Address 17851 SKY PARK CIRCLE, SUITE F

City IRVINE State CA Zip Code 92614

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : SB21B.I6871

Amount of Each Disbursement this Period

619.22

Full Name (Last, First, Middle Initial)

**B. BRISTOL FARMS**

Mailing Address 9039 BEVERLY BLVD

City WEST HOLLYWOOD State CA Zip Code 90048

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : SB21B.I6872

Amount of Each Disbursement this Period

531.38

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105-3727

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : SB21B.I6875

Amount of Each Disbursement this Period

100.70

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

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

1251.30

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City BOWLING GREEN State KY Zip Code 42101-2566

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

Transaction ID : SB21B.I6971

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. MR. WILLIAM J. SHIVELY**

Mailing Address 1750 SAHALEE DR

City LEXINGTON State KY Zip Code 40511-9588

Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB21B.336889

Amount of Each Disbursement this Period

94.03

INKIND: GOLF REGISTRATION FEE

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 981540

City EL PASO State TX Zip Code 79998-1540

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB21B.I6985

Amount of Each Disbursement this Period

14.60

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

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

123.63

**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"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105-3727

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : SB21B.I6983**

Amount of Each Disbursement this Period

89.40

**B. STRIPE**

Full Name (Last, First, Middle Initial)

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105-3727

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2014

**Transaction ID : SB21B.I6984**

Amount of Each Disbursement this Period

30.76

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

120.16

58142.20

**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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RAND PAUL FOR US SENATE 2016**

Mailing Address PO BOX 72928

City NEWPORT State KY Zip Code 41072-0928

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

Transaction ID : SB22.I6964

Amount of Each Disbursement this Period

103795.25

Full Name (Last, First, Middle Initial)

**B. RAND PAUL FOR US SENATE 2016**

Mailing Address PO BOX 72928

City NEWPORT State KY Zip Code 41072-0928

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

Transaction ID : SB22.I6966

Amount of Each Disbursement this Period

14950.09

Full Name (Last, First, Middle Initial)

**C. REINVENTING A NEW DIRECTION - RANDPAC**

Mailing Address PO BOX 72598

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

Transaction ID : SB22.I6965

Amount of Each Disbursement this Period

59874.72

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

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

178620.06

178620.06

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)  
**RAND PAUL VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KEVIN C BOOTH**

Mailing Address 1078 S WEDGEWOOD ROAD

City State Zip Code  
SAN RAMON CA 94582

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2014

Transaction ID : SB28A.I6736

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

600.00

600.00