Image#	2016	60503	9015	371388

05/03/2016 13 : 23

PAGE 1 / 11

FEC AN	PORT O ND DISBU Other Than An	JRSEME	INTS	Office	lse Only
1. NAME OF TYP COMMITTEE (in full)	e or print 🔻	Example over the	: If typing, type	12FE4M5	
	C				
ADDRESS (number and street)		D SUITE 201			
Check if different than previously reported. (ACC)	644ANNA			OH 4323	0
2. FEC IDENTIFICATION NUMB	ER 🔻		s		ZIP CODE
C C00543868		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (I (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(C) 12-Day PRE-Election		ary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the	ne: Con	vention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	E	lection on	M / D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Electi Report for tl	the second se	eral (30G)	Runoff (30R)	Special (30S)
X Termination Report (TER)			- M / D - D /	Y Y Y Y Y	in the State of
5. Covering Period 04	01 / Y Y 01 20	016 th	nrough 05		116
I certify that I have examined this Re Type or Print Name of Treasurer D	eport and to the be . Eric Lycan	st of my knowled	ge and belief it is true	e, correct and comple	ete.
Signature of Treasurer	can	[Elec	tronically Filed]	ate 05 0	B / Y Y Y Y 2016
NOTE: Submission of false, erroneous,	or incomplete inform	mation may subject	the person signing th	is Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only					C FORM 3X Rev. 12/2004

Г

SUMMARY PAGE

I	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	Vrite or Type Committee Name EASTGATE VICTORY INC		
- -			
R	eport Covering the Period: From:	04 / D D / Y Y Y Y Y 01 2016 To	b: 05 / 03 / Y Y Y Y 05 03 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		0.00
	(b) Cash on Hand at Beginning of Reporting Period	0.00	
	(c) Total Receipts (from Line 19)	0.00	0.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	0.00	0.00
7.	Total Disbursements (from Line 31)	0.00	0.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5005.60	

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

EASTGATE VICTORY INC

	4 01 _2016 _ T	o: 05 03 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
	0.00	0.00
(i) Itemized (use Schedule A)		7 7 7
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	0.00	0.00
Totals to Line 33, page 5)►	0.00	
Transfers From Affiliated/Other	0.00	0.00
Party Committees	7 7 7 7	
All Loans Received	0.00	0.00
	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7 7 7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transford (add 19(a) and 19(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),	0.00	0.00
12, 13, 14, 15, 16, 17, and 18(c))►	0.00	0.00
Total Federal Receipts		

20. Total Federal Receipts (subtract Line 18(c) from Line 19)......► 0.00

Page 3

DETAILED SUMMARY PAGE

of Disbursements

Ш Г	Disbursements	COLUMN A	COLUMN B
		Total This Period	Calendar Year-to-Date
	renditures:		
(i) Fede	eral Share	0.00	0.0
()	-Federal Share	0.00	0.0
	deral Operating	0.00	0.0
	erating Expenditures a)(i), (a)(ii), and (b)) ▶	0.00	0.0
Transfers to A	Affiliated/Other Party	0.00	0.00
Contributions Federal Cand	lidates/Committees		
and Other Po Independent	litical Committees	0.00	0.00
(use Schedule	e E) Party Expenditures	0.00	0.00
(2 U.S.C. §44 (use Schedule	11a(d)) e F)	0.00	0.0
Loan Repaym	nents Made	0.00	0.00
	Γ	0.00	0.0
Refunds of C (a) Individua	ontributions To: Is/Persons Other litical Committees	0.00	0.00
	-		
. ,	Party Committees	0.00	0.00
(such as	PACs)	0.00	0.0
()	ntribution Refunds	0.00	
(add Line	es 28(a), (b), and (c))▶		0.00
Other Disburs	sements	0.00	0.00
	ion Activity (2 U.S.C. §431(20))		
	I Federal Election Activity hedule H6)		
	al Share	0.00	0.00
	n" Share	0.00	0.00
. ,	Election Activity Paid Entirely	0.00	0.00
	deral Election Activity (add D(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
		7 7	7 7
	ements (add Lines 21(c), 22, 6, 27, 28(d), 29 and 30(c))	0.00	0.00
		7 7 7	
	Disbursements e 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	▶	0.00	0.00

L

DETAILED SUMMARY PAGE

of Disbursements

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

CHEDULE D (FEC Form 3X)	CHEDULE D (FEC Form 3X)		PAGE 6 OF 11	
		(Use sep schedul	(s) FOR LINE NUMBER:	
cluding Loans		for each		
AME OF COMMITTEE (In Full) EASTGATE VICTORY INC		1		
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Natu	ure of Debt (Purpose):	
Brian Berry		VVe	ebsite services - Domain registration	
Mailing Address 10707 Bull Ridge Drive				
City State	Zip Code			
Austin	TX 78759			
Outstanding Balance Beginning This Period		Tr	ansaction ID : SD10.4106	
0.60				
Amount Incurred This Period	Payment This Period	O bc	utstanding Balance at Close of This Perio	
0.00		0.00	0.60	
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Natu	ure of Debt (Purpose):	
Blankenbecler Advisors		Aco	counting	
Mailing Address 501 Morrison Road Suite 201				
City State	Zip Code			
Gahanna	OH 43230			
Outstanding Balance Beginning This Period 2980.00		Т	ransaction ID : SD10.4104	
Amount Incurred This Period	Payment This Period	od O	utstanding Balance at Close of This Perio	
0.00		0.00	2980.00	
C. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Natu	ure of Debt (Purpose):	
Blankenbecler Advisors			counting services	
Mailing Address 501 Morrison Road				
City	State Zip Code			
Gahanna	OH 43230			
Outstanding Balance Beginning This Period		т	ransaction ID : SD10.4108	
305.00				
Amount Incurred This Period	Payment This Perio	od O	utstanding Balance at Close of This Perio	
0.00		0.00	305.00	
SUBTOTALS This Period This Page (optional)		3285.60	
TOTALS This Period (last page this line numb		ī		
TOTAL OUTSTANDING LOANS from Schedu		ī		
		—— ī		
ADD 2) and 3) and carry forward to appropria	are me or summary Fage (last p			

Image# 201605039015371393

SCHEDULE D (FEC Form 3X)			PAGE 7 OF 11
		(Use separate	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		schedule(s) for each	(check only one)
Excluding Loans		numbered line)	× 10
NAME OF COMMITTEE (In Full) EASTGATE VICTORY INC		•	
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor		ebt (Purpose):
Blankenbecler Advisors		Accounting	services
Mailing Address 501 Morrison Road Suite 201			
City State	Zip Code		
Gahanna	OH 43230		
Outstanding Balance Beginning This Period		Transacti	on ID : SD10.4147
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.	00	50.00
B. Full Name (Last, First, Middle Initial) of Del Blankenbecler Advisors	otor or Creditor	Nature of D Accounting	ebt (Purpose): services
Mailing Address 501 Morrison Road Suite 201			
City State	Zip Code		
Gahanna	OH 43230		
Outstanding Balance Beginning This Period 110.00		Transact	ion ID : SD10.4148
	Payment This Period		ion ID : SD10.4148
, 110.00			
110.00 Amount Incurred This Period	0.	Outstandir	ng Balance at Close of This Period 110.00 ebt (Purpose):
110.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Blankenbecler Advisors Mailing Address 501 Morrison Road	0.	Outstandir 00 Nature of D	ng Balance at Close of This Period 110.00 ebt (Purpose):
110.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201	o.	Outstandir 00 Nature of D	ng Balance at Close of This Period 110.00 ebt (Purpose):
110.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Blankenbecler Advisors Mailing Address 501 Morrison Road	0.	Outstandir 00 Nature of D	ng Balance at Close of This Period 110.00 ebt (Purpose):
110.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201	0. ebtor or Creditor State Zip Code	Outstandir 00 Nature of D Accounting	ng Balance at Close of This Period 110.00 ebt (Purpose):
110.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna	0. ebtor or Creditor State Zip Code	Outstandir 00 Nature of D Accounting	ng Balance at Close of This Period 110.00 ebt (Purpose): services
110.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period	0. ebtor or Creditor State Zip Code	Outstandir 00 Nature of D Accounting Transact	ng Balance at Close of This Period 110.00 ebt (Purpose): services
110.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 165.00	0. ebtor or Creditor State Zip Code OH 43230 Payment This Period	Outstandir 00 Nature of D Accounting Transact	ng Balance at Close of This Period 110.00 ebt (Purpose): services
110.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 165.00 Amount Incurred This Period	O. State Zip Code OH 43230 Payment This Period 0.	Outstandir 00 Nature of D Accounting Transact Outstandir 00	ng Balance at Close of This Period 110.00 ebt (Purpose): services ion ID : SD10.4149 ng Balance at Close of This Period
110.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 165.00 Amount Incurred This Period 0.00	O. Pebtor or Creditor State Zip Code OH 43230 Payment This Period 0. 0.	Outstandir 00 Nature of D Accounting Transact 00 Outstandir	ng Balance at Close of This Period 110.00 ebt (Purpose): services ion ID : SD10.4149 ng Balance at Close of This Period 165.00
110.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 165.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	0. ebtor or Creditor State Zip Code OH 43230 Payment This Period 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Outstandir 00 Nature of D Accounting Transact Outstandir 00 Outstandir	ng Balance at Close of This Period 110.00 ebt (Purpose): services ion ID : SD10.4149 ng Balance at Close of This Period 165.00

SCHEDULE D (FEC Form 3X)			PAGE 8 OF 11
. ,		(Use separate	
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) EASTGATE VICTORY INC		1	
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
Blankenbecler Advisors		Accounting	services
Mailing Address 501 Morrison Road Suite 201			
City State	Zip Code		
Gahanna	OH 43230		
Outstanding Balance Beginning This Period 50.00			on ID : SD10.4150
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.	00	50.00
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		ebt (Purpose):
Blankenbecler Advisors		Accounting	services
Mailing Address 501 Morrison Road			
Suite 201 City State	Zip Code		
City State Gahanna	OH 43230		
Outstanding Balance Beginning This Period 45.00		Transact	ion ID : SD10.4144
, , ,			g Balance at Close of This Period
Amount Incurred This Period	Payment This Period	Outstandir	
Amount Incurred This Period		Outstandir	45.00
0.00	0.	00	45.00
	0.	00	45.00 ebt (Purpose):
0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road	0.	00 Nature of D	45.00 ebt (Purpose):
0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors	0.	00 Nature of D	45.00 ebt (Purpose):
0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201	tor or Creditor	00 Nature of D	45.00 ebt (Purpose):
0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City	tor or Creditor State Zip Code	00 Nature of D Accounting	45.00 ebt (Purpose):
0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna	tor or Creditor State Zip Code	00 Nature of D Accounting	45.00 ebt (Purpose): services
0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period	tor or Creditor State Zip Code	00 Nature of D Accounting	45.00 ebt (Purpose): services
0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 125.00	0. tor or Creditor State Zip Code OH 43230 Payment This Period	00 Nature of D Accounting	45.00 ebt (Purpose): services
0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 125.00 Amount Incurred This Period	0. tor or Creditor State Zip Code OH 43230 Payment This Period 0.	00 Nature of D Accounting Transact Outstandin 00	45.00 ebt (Purpose): services ion ID : SD10.4145 ng Balance at Close of This Period
0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 125.00 Amount Incurred This Period 0.00	O. tor or Creditor State Zip Code OH 43230 Payment This Period 0.	00 Nature of D Accounting Transact Outstandir	45.00 ebt (Purpose): services ion ID : SD10.4145 ng Balance at Close of This Period 125.00
0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 125.00 Amount Incurred This Period 0.00	0. tor or Creditor State Zip Code OH 43230 Payment This Period 0.	00 Nature of D Accounting Transact Outstandin 00 0	45.00 ebt (Purpose): services ion ID : SD10.4145 ng Balance at Close of This Period 125.00

SCHEDULE D (FEC Form 3X)			PAGE 9 OF 11	
. ,		(Use separate	arate	
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9	
Excluding Loans		numbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full) EASTGATE VICTORY INC		1		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):	
Blankenbecler Advisors		Accounting	services	
Mailing Address 501 Morrison Road Suite 201				
City State	Zip Code			
Gahanna	OH 43230			
Outstanding Balance Beginning This Period 175.00			on ID : SD10.4154	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0.	00	175.00	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):	
Blankenbecler Advisors		Accounting	services	
Mailing Address 501 Morrison Road				
Suite 201				
City State	Zip Code			
Gahanna	OH 43230			
Outstanding Balance Beginning This Period 65.00		Transact	ion ID : SD10.4158	
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
		Outstandin	ng Balance at Close of This Period 65.00	
Amount Incurred This Period	0.	00	65.00	
Amount Incurred This Period	0.	00	65.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road	0.	00 Nature of D	65.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors	0.	00 Nature of D	65.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201	0. tor or Creditor	00 Nature of D	65.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City	tor or Creditor State Zip Code	00 Nature of D Accounting	65.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna	tor or Creditor State Zip Code	00 Nature of D Accounting	65.00 ebt (Purpose): services	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period	tor or Creditor State Zip Code	00 Nature of D Accounting	65.00 ebt (Purpose): services	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 40.00	0. tor or Creditor State Zip Code OH 43230 Payment This Period	00 Nature of D Accounting	65.00 ebt (Purpose): services	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 40.00 Amount Incurred This Period	0. tor or Creditor State Zip Code OH 43230 Payment This Period 0.	00 Nature of D Accounting Transact Outstandin 00	65.00 ebt (Purpose): services ion ID : SD10.4159 ng Balance at Close of This Period	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 40.00 Amount Incurred This Period 0.00	O. tor or Creditor State Zip Code OH 43230 Payment This Period 0.	00 Nature of D Accounting Transact Outstandir	65.00 ebt (Purpose): services ion ID : SD10.4159 ng Balance at Close of This Period 40.00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Blankenbecler Advisors Mailing Address 501 Morrison Road Suite 201 City Gahanna Outstanding Balance Beginning This Period 40.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional).	0. tor or Creditor State Zip Code OH 43230 Payment This Period 0.	00 Nature of D Accounting Transact Outstandin 00 0	65.00 ebt (Purpose): services ion ID : SD10.4159 ng Balance at Close of This Period 40.00	

SCHEDULE D (FEC Form 3X)			PAGE 10 OF 11	
		(Use separate	rate	
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9	
Excluding Loans		numbered line)	X 10	
NAME OF COMMITTEE (In Full) EASTGATE VICTORY INC				
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):	
Blankenbecler Advisors		Accounting	services	
Mailing Address 501 Morrison Road Suite 201				
City State	Zip Code			
Gahanna	OH 43230			
Outstanding Balance Beginning This Period 70.00 Amount Incurred This Period	Payment This Period		on ID : SD10.4163	
		Cutotanan		
0.00	0	.00	70.00	
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):	
Blankenbecler Advisors		Accounting	services	
Mailing Address 501 Morrison Road				
Suite 201				
City State	Zip Code			
Gahanna	OH 43230			
Outstanding Balance Beginning This Period 80.00		Transact	ion ID : SD10.4164	
	Payment This Period		ion ID : SD10.4164	
80.00				
80.00 Amount Incurred This Period		Outstandir	ng Balance at Close of This Period	
80.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period	
80.00 Amount Incurred This Period 0.00	or or Creditor	Outstandir .00 Nature of D	ng Balance at Close of This Period 80.00 ebt (Purpose):	
80.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte Lycan Law Firm, PLLC (assigned free Mailing Address 4101 Tates Creek Center Drive	or or Creditor om Steptoe & Johnson, PLLC	Outstandir .00 Nature of D	ng Balance at Close of This Period 80.00 ebt (Purpose):	
80.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte Lycan Law Firm, PLLC (assigned free	or or Creditor om Steptoe & Johnson, PLLC	Outstandir .00 Nature of D	ng Balance at Close of This Period 80.00 ebt (Purpose):	
80.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte Lycan Law Firm, PLLC (assigned from Mailing Address 4101 Tates Creek Center Drive Suite 150, PMB 317	or or Creditor om Steptoe & Johnson, PLLC	Outstandir .00 Nature of D	ng Balance at Close of This Period 80.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debta Lycan Law Firm, PLLC (assigned from Mailing Address 4101 Tates Creek Center Drive Suite 150, PMB 317 City	or or Creditor om Steptoe & Johnson, PLLC State Zip Code	Outstandir .00 Nature of D Legal servi	ng Balance at Close of This Period 80.00 ebt (Purpose):	
80.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte Lycan Law Firm, PLLC (assigned from Mailing Address 4101 Tates Creek Center Drive Suite 150, PMB 317 City Lexington	or or Creditor om Steptoe & Johnson, PLLC State Zip Code	Outstandir .00 Nature of D Legal servi	ng Balance at Close of This Period 80.00 ebt (Purpose): ces	
80.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte Lycan Law Firm, PLLC (assigned from Mailing Address 4101 Tates Creek Center Drive Suite 150, PMB 317 City Lexington Outstanding Balance Beginning This Period	or or Creditor om Steptoe & Johnson, PLLC State Zip Code	Outstandir .00 Nature of D Legal servi	ng Balance at Close of This Period 80.00 ebt (Purpose): ces	
80.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte Lycan Law Firm, PLLC (assigned free Mailing Address 4101 Tates Creek Center Drive Suite 150, PMB 317 City Lexington Outstanding Balance Beginning This Period 600.00	0. or or Creditor om Steptoe & Johnson, PLLC State Zip Code KY 40517 Payment This Period	Outstandir .00 Nature of D Legal servi	ag Balance at Close of This Period 80.00 ebt (Purpose): ces	
80.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte Lycan Law Firm, PLLC (assigned free Mailing Address 4101 Tates Creek Center Drive Suite 150, PMB 317 City Lexington Outstanding Balance Beginning This Period 600.00 Amount Incurred This Period	Or or Creditor om Steptoe & Johnson, PLLC State Zip Code KY 40517 Payment This Period	Outstandir .00 Nature of D Legal servi Transact Outstandir .00	ag Balance at Close of This Period 80.00 ebt (Purpose): ces	
80.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte Lycan Law Firm, PLLC (assigned from Mailing Address 4101 Tates Creek Center Drive Suite 150, PMB 317 City Lexington Outstanding Balance Beginning This Period 600.00 Amount Incurred This Period 0.00	or or Creditor om Steptoe & Johnson, PLLC State Zip Code KY 40517 Payment This Period	Outstandir .00 Nature of D Legal servi Transact •	ag Balance at Close of This Period 80.00 ebt (Purpose): ces ion ID : SD10.4160 ag Balance at Close of This Period 600.00	
80.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte Lycan Law Firm, PLLC (assigned free Mailing Address 4101 Tates Creek Center Drive Suite 150, PMB 317 City Lexington Outstanding Balance Beginning This Period 600.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor om Steptoe & Johnson, PLLC State Zip Code KY 40517 Payment This Period 0.	Outstandir .00 Nature of D Legal servi b b	ng Balance at Close of This Period 80.00 ebt (Purpose): ces ion ID : SD10.4160 ng Balance at Close of This Period 600.00	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 11 OF 11	
	DEBTS AND OBLIGATIONS		FOR LINE NUMBER:	
		schedule(s) for each	(check only one) 9	
Excluding Loans		numbered line)	X 10	
NAME OF COMMITTEE (In Full) EASTGATE VICTORY INC				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):	
Lycan Law Firm, PLLC (assigned from	m Steptoe & Johnson, PLLC	C) Legal servi	Ces	
Mailing Address 4101 Tates Creek Center Drive Suite 150, PMB 317				
City State	Zip Code			
Lexington	KY 40517			
Outstanding Balance Beginning This Period		Transacti	on ID : SD10.4161	
145.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
		00	145.00	
0.00	0.	00	145.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period				
· · · · · · · · · · · · · · · · · · ·				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
	, , , , , , , , , , , , , , , , , , ,		, , ,	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):	
Mailing Address				
City	Chata Zia Cada			
City	State Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
1) SUBTOTALS This Period This Page (optional)		▶	145.00	
2) TOTALS This Period (last page this line number of			5005.60	
3) TOTAL OUTSTANDING LOANS from Schedule C			0.00	
4) ADD 2) and 3) and carry forward to appropriate I	ne of Summary Page (last page o	nly) 🕨	5005.60	

Image# 201605039015371398