

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Emken 2012 Victory Committee

ADDRESS (number and street) P.O. Box 81

Check if different than previously reported. (ACC) Danville CA 94526

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00518902 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

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

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)
- Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [07] / [01] / [2012] through [09] / [30] / [2012]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Vona L. Copp

Signature of Treasurer Vona L. Copp [Electronically Filed] Date [10] / [14] / [2012]

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

Office Use Only								
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Emken 2012 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="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7175.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5000.00"/>	<input type="text" value="58100.00"/>
(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="12175.42"/>	<input type="text" value="58100.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11199.07"/>	<input type="text" value="57123.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="976.35"/>	<input type="text" value="976.35"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1030.16"/>	

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

Emken 2012 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).....	5000.00	58100.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5000.00	58100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5000.00	58100.00
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))..... ▶	5000.00	58100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5000.00	58100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	5099.07	8923.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5099.07	8923.65
22. Transfers to Affiliated/Other Party Committees.....	6100.00	48200.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	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)) ..	11199.07	57123.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11199.07	57123.65

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)	5000.00	58100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	58100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5099.07	8923.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5099.07	8923.65

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

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

FOR LINE NUMBER: PAGE 6 OF 11
(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)
Emken 2012 Victory Committee

A. Full Name (Last, First, Middle Initial)
William Thompson

Mailing Address 610 Newport Center Drive, Ste. 122

City Newport Beach	State CA	Zip Code 92660
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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 ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2012

Transaction ID : INCA39

Amount of Each Receipt this Period
5000.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

**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)
Emken 2012 Victory Committee

Full Name (Last, First, Middle Initial)

A. Deluxe Business Checks & Solutions

Mailing Address P.O. Box 1186

City Lancaster State CA Zip Code 93584

Purpose of Disbursement
Check printing

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB37

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. eDonation.com

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Credit card processing fees

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB49

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. eDonation.com

Mailing Address 117 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Online Fundraising Services

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB48

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Emken 2012 Victory Committee

Full Name (Last, First, Middle Initial)

A. Bell, McAndrews & Hiltachk, LLC

Mailing Address 455 Capitol Mall, Ste. 600

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Legal Counsel

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : EXPB42

Amount of Each Disbursement this Period

2761.65

Full Name (Last, First, Middle Initial)

B. Strategic Media Solutions

Mailing Address 4380 S. Monaco Street, #3003

City Denver State CO Zip Code 80237

Purpose of Disbursement
Fundraising Consultant Services

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : EXPB44

Amount of Each Disbursement this Period

962.00

Full Name (Last, First, Middle Initial)

C. VLC Financial Services

Mailing Address 9321 Silverbend Lane

City Elk Grove State CA Zip Code 95624

Purpose of Disbursement
Treasurer services

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : EXPB40

Amount of Each Disbursement this Period

957.60

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

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

4681.25

5099.07

**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)
Emken 2012 Victory Committee

Full Name (Last, First, Middle Initial)

A. California Republican Party

Mailing Address 1215 K Street, Ste. 1220

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Distribution of net proceeds

Candidate Name
California Republican Party

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 Y
07 / 23 / 2012

Transaction ID : EXPB46

Amount of Each Disbursement this Period

1900.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Emken for U.S. Senate

Mailing Address P.O. Box 81

City Danville State CA Zip Code 94526

Purpose of Disbursement
Distribution of net proceeds

Candidate Name
Elizabeth Emken

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼ G2012
State: CA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : EXPB47

Amount of Each Disbursement this Period

4200.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y

Amount of Each Disbursement this Period

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

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

6100.00

6100.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 11
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Emken 2012 Victory Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bell, McAndrews & Hiltachk, LLC	Nature of Debt (Purpose): Legal Counsel
Mailing Address 455 Capitol Mall, Ste. 600	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 2761.65	Transaction ID : PAYD35	
Amount Incurred This Period 0.00	Payment This Period 2761.65	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks & Solutions	Nature of Debt (Purpose): Check printing
Mailing Address P.O. Box 1186	
City State Zip Code Lancaster CA 93584	

Outstanding Balance Beginning This Period 42.47	Transaction ID : PAYD32	
Amount Incurred This Period 0.00	Payment This Period 42.47	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Media Solutions	Nature of Debt (Purpose): Fundraising Consultant Services
Mailing Address 4380 S. Monaco Street, #3003	
City State Zip Code Denver CO 80237	

Outstanding Balance Beginning This Period 962.00	Transaction ID : PAYD36	
Amount Incurred This Period 0.00	Payment This Period 962.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Emken 2012 Victory Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VLC Financial Services	Nature of Debt (Purpose): Treasurer services
Mailing Address 9321 Silverbend Lane	
City State Zip Code Elk Grove CA 95624	

Outstanding Balance Beginning This Period 957.60	Transaction ID : PAYD33	
Amount Incurred This Period 0.00	Payment This Period 957.60	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VLC Financial Services	Nature of Debt (Purpose): Treasurer Services
Mailing Address 9321 Silverbend Lane	
City State Zip Code Elk Grove CA 95624	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD50	
Amount Incurred This Period 1030.16	Payment This Period 0.00	Outstanding Balance at Close of This Period 1030.16

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	1030.16
2) TOTALS This Period (last page this line number only)..... ▶	1030.16
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1030.16