

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 LCV Victory Fund

ADDRESS (number and street) 1920 L St NW Ste 800 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00486845 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (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), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 02 / 01 / 2017 through 02 / 28 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Collins, Patrick, , , Type or Print Name of Treasurer

Signature of Treasurer Collins, Patrick, , , [Electronically Filed] Date 03 / 16 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

LCV Victory Fund

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="2017"/> | | 180031.56 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 186244.55 | |
| (c) Total Receipts (from Line 19) | 31657.94 | 40275.74 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 217902.49 | 220307.30 |
| 7. Total Disbursements (from Line 31)..... | 11808.04 | 14212.85 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 206094.45 | 206094.45 |
| 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) | 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. 05/2016)

Write or Type Committee Name

LCV Victory Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
02 / 28 / 2017

| 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)..... | 26375.00 | 29375.00 |
| (ii) Unitemized | 5280.00 | 10896.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 31655.00 | 40271.00 |
| (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) | 31655.00 | 40271.00 |
| 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.)..... | 2.94 | 4.74 |
| 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)).....▶ | 31657.94 | 40275.74 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 31657.94 | 40275.74 |

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 | 1790.04 | 4144.85 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1790.04 | 4144.85 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 10000.00 | 10000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 18.00 | 68.00 |
| (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))..... | 18.00 | 68.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 11808.04 | 14212.85 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 11808.04 | 14212.85 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 31655.00 | 40271.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 18.00 | 68.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 31637.00 | 40203.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1790.04 | 4144.85 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1790.04 | 4144.85 |

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

| | | | |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|---------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 14 |
| <input 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 |

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)
LCV Victory Fund

A. Borie, Edith, F., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Friedrich-Naumann Str. 109
 City New Paltz State NY Zip Code 12561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2017
Transaction ID : AAABCEB4CD08348AB879
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Cunningham, Tiffany, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Rattlesnake Ledge Rd
 City Salem State CT Zip Code 06420-3626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Mother
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 02 / 2017
Transaction ID : A59A952E42925407188F
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Elkind, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 620 Sand Hill Rd Apt. 116F
 City Palo Alto State CA Zip Code 94304-5795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2017
Transaction ID : AA5F0564859E84543B45
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|------------------------------------------------------------------|---------|
| 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 7 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LCV Victory Fund

A. Pyle, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 Brookview Dr SE
 City Atlanta State GA Zip Code 30339-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2017
Transaction ID : A62DE6C0273D44127A4D
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Strickler, Lise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Central Park W Apt. 25D
 City New York State NY Zip Code 10024-1595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 02 / 10 / 2017
Transaction ID : A65949024BBEF4C7B80F
 Amount of Each Receipt this Period 25000.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

| | |
|------------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 25125.00 |
| TOTAL This Period (last page this line number only).....▶ | 26375.00 |

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

| | | | |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|----------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 14 |
| <input 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 checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
LCV Victory Fund

A. Suntrust Bank

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

Mailing Address P.O. Box 622227

| | | |
|-----------------|-------------|------------------------|
| City Orlando | State FL | Zip Code 32862-2227 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4.74**

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | / | 28 | / | 2017 |

Transaction ID : AC69CC401FEE94DEAA50

Amount of Each Receipt this Period

| |
|------|
| 2.94 |
|------|

Memo Item
Interest

B.

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

| |
|--|
| |
|--|

Memo Item

C.

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

| |
|--|
| |
|--|

Memo Item

| | |
|-----------------------------------------------------------------|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2.94 |
| TOTAL This Period (last page this line number only)..... | 2.94 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
LCV Victory Fund

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Amalgamated Bank | | Date of Disbursement MM / DD / YYYY 02 / 28 / 2017 | |
| Mailing Address 275 Seventh Avenue | | | |
| City New York | State NY | Zip Code 10001-6708 | |
| Purpose of Disbursement Bank Service Fee | | <input type="checkbox"/> | FEC Identification Number C |
| Candidate Name | | <input type="checkbox"/> | Transaction ID : B9C1A4D980 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> | Amount of Each Disbursement this Period 27.03 |
| State: District: | | <input type="checkbox"/> | Memo Item |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Amalgamated Bank | | Date of Disbursement MM / DD / YYYY 02 / 28 / 2017 | |
| Mailing Address 275 Seventh Avenue | | | |
| City New York | State NY | Zip Code 10001-6708 | |
| Purpose of Disbursement Bank Service Fee | | <input type="checkbox"/> | FEC Identification Number C |
| Candidate Name | | <input type="checkbox"/> | Transaction ID : BCFC67401B |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> | Amount of Each Disbursement this Period 27.03 |
| State: District: | | <input type="checkbox"/> | Memo Item |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Blackbaud, Inc. | | Date of Disbursement MM / DD / YYYY 02 / 07 / 2017 | |
| Mailing Address 2000 Daniel Island Drive | | | |
| City Daniel Island | State SC | Zip Code 29492-7540 | |
| Purpose of Disbursement Credit Card Processing Fee | | <input type="checkbox"/> | FEC Identification Number C |
| Candidate Name | | <input type="checkbox"/> | Transaction ID : B11046C183 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> | Amount of Each Disbursement this Period 75.08 |
| State: District: | | <input type="checkbox"/> | Memo Item |

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

129.14

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"/> | 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)
LCV Victory Fund

Full Name (Last, First, Middle Initial)

A. Blackbaud, Inc.

Mailing Address 2000 Daniel Island Drive

City Daniel Island State SC Zip Code 29492-7540

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

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

Date of Disbursement

/ /
02 / 14 / 2017

FEC Identification Number

Transaction ID : B186D07C6F
Amount of Each Disbursement this Period
 17.14

Memo Item

Full Name (Last, First, Middle Initial)

B. Blackbaud, Inc.

Mailing Address 2000 Daniel Island Drive

City Daniel Island State SC Zip Code 29492-7540

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

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

Date of Disbursement

/ /
02 / 23 / 2017

FEC Identification Number

Transaction ID : BB774BAE32
Amount of Each Disbursement this Period
 39.19

Memo Item

Full Name (Last, First, Middle Initial)

C. League of Conservation Voters, Inc.

Mailing Address 1920 L St NW
Ste 800

City Washington State DC Zip Code 20036-5045

Purpose of Disbursement
Admin and Compliance Support

Candidate Name

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

Date of Disbursement

/ /
02 / 23 / 2017

FEC Identification Number

Transaction ID : B9A72A56F4
Amount of Each Disbursement this Period
 1262.91

Memo Item

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

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

1319.24

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
LCV Victory Fund

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address P.O. Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
Bank Service Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BC05F52F39I

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address P.O. Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
Bank Service Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B7AA691CEF

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Woodsboro Bank

Mailing Address 5 N Main St

City
Woodsboro

State
MD

Zip Code
21798-8816

Purpose of Disbursement
Bank Service Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : BDFAA69E2

Amount of Each Disbursement this Period

Memo Item

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"/> 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)
LCV Victory Fund

A. Woodsboro Bank

Full Name (Last, First, Middle Initial)

Mailing Address 5 N Main St

City Woodsboro State MD Zip Code 21798-8816

Purpose of Disbursement Bank Service Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 28 / 2017

FEC Identification Number: C

Transaction ID : B0906CEEE6

Amount of Each Disbursement this Period: 52.03

Memo Item

B.

Full Name (Last, First, Middle Initial)

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: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

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: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 52.03

TOTAL This Period (last page this line number only)..... ▶ 1790.04

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|----------------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
LCV Victory Fund

A. New American Jobs Fund

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY
02 / 01 / 2017

Mailing Address: 1920 L Street NW, Suite 800
City: Washington, State: DC, Zip Code: 20036

Purpose of Disbursement: Contribution
Candidate Name: New American Jobs Fund
FEC Identification Number: C00625533
Transaction ID: B7029677FE2
Amount of Each Disbursement this Period: 10000.00

Office Sought: House, Senate, President
Disbursement For: 2017
 Primary, General, Other (specify) Other

State: District: Memo Item

B.

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY

Mailing Address
City, State, Zip Code

Purpose of Disbursement
Candidate Name
FEC Identification Number
Amount of Each Disbursement this Period

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

State: District: Memo Item

C.

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY

Mailing Address
City, State, Zip Code

Purpose of Disbursement
Candidate Name
FEC Identification Number
Amount of Each Disbursement this Period

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

State: District: Memo Item

| | |
|-----------------------------------------------------------------|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 10000.00 |
| TOTAL This Period (last page this line number only)..... | 10000.00 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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)
LCV Victory Fund

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. McDermott, Charles, , , | | Date of Disbursement MM / DD / YYYY 02 / 21 / 2017 | |
| Mailing Address 267 6th Ave | | FEC Identification Number C [] Transaction ID : B774772F02A Amount of Each Disbursement this Period [] 6.00 | |
| City Brooklyn | State NY | Zip Code 11215-2104 | Category/ Type [] |
| Purpose of Disbursement Refund (received 1/20/17) | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. McDermott, Charles, , , | | Date of Disbursement MM / DD / YYYY 02 / 21 / 2017 | |
| Mailing Address 267 6th Ave | | FEC Identification Number C [] Transaction ID : B4C6C9BFCE Amount of Each Disbursement this Period [] 12.00 | |
| City Brooklyn | State NY | Zip Code 11215-2104 | Category/ Type [] |
| Purpose of Disbursement Refund (received 1/20/17) | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY [] / [] / [] | |
| Mailing Address | | FEC Identification Number C [] Amount of Each Disbursement this Period [] | |
| City | State | Zip Code | Category/ Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Memo Item <input type="checkbox"/> |
| State: District: | | | |

| | |
|------------------------------------------------------------------|-----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 18.00 |
| TOTAL This Period (last page this line number only).....▶ | [] 18.00 |