

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**
Check if different than previously reported. (ACC) **WASHINGTON DC 20036**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00486845 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 **COLLINS, PATRICK, , ,**

Signature of Treasurer **COLLINS, PATRICK, , ,** [Electronically Filed] Date / /

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"/>	<input type="text" value="180031.56"/>	<input type="text" value="180031.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="355944.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11904.27"/>	<input type="text" value="252177.20"/>
(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="367849.01"/>	<input type="text" value="432208.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="101449.53"/>	<input type="text" value="165809.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="266399.48"/>	<input type="text" value="266399.48"/>
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="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

Write or Type Committee Name

LCV VICTORY FUND

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).....	8655.00	173397.00
(ii) Unitemized	3249.00	76522.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11904.00	249919.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2199.33
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11904.00	252119.16
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.).....	0.27	58.04
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)).....▶	11904.27	252177.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11904.27	252177.20

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	85179.53	113320.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	85179.53	113320.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	50000.00
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	1270.00	2489.00
(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)).....	1270.00	2489.00
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)) ..	101449.53	165809.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	101449.53	165809.28

DETAILED SUMMARY PAGE
of Disbursements

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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)	11904.00	252119.16
34. Total Contribution Refunds (from Line 28(d))	1270.00	2489.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10634.00	249630.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	85179.53	113320.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	85179.53	113320.28

**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 37
	<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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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. AHRENS, CHRISTOPHER, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3715 W 65TH ST
 City MISSION HILLS State KS Zip Code 66208-1737
 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 ▼ 275.00

Date of Receipt 11 / 25 / 2017
Transaction ID : A45FEB4EC536C40D0AD8
 Amount of Each Receipt this Period 25.00
 Memo Item

B. ANTHONY, MARGERY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1835 CIRCLE LN SE APT 322
 City LACEY State WA Zip Code 98503-2575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) ECOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 26 / 2017
Transaction ID : AB50A0C87DE934AA6844
 Amount of Each Receipt this Period 20.00
 Memo Item

C. ARNSPARGER, JOHN, , , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2606 COASTAL OAK DR
 City HOUSTON State TX Zip Code 77059-6448
 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 ▼ 385.00

Date of Receipt 11 / 06 / 2017
Transaction ID : AA90E30C099094301AB2
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 7 OF 37
	<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)
LCV VICTORY FUND

A. BARRETT, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 CRESTMONT RD
 APT 4M
 City MONTCLAIR State NJ Zip Code 07042-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PSYCHOTHERAPIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 23 / 2017
Transaction ID : A1C4A7F68EE2643468B3
 Amount of Each Receipt this Period 25.00
 Memo Item

B. BARTLETT, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2440 N BUTTERCUP DR
 City TUCSON State AZ Zip Code 85749-8886
 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 ▼ 275.00

Date of Receipt 11 / 26 / 2017
Transaction ID : AE84D67567CF443F4937
 Amount of Each Receipt this Period 25.00
 Memo Item

C. BERGER, JANINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 OLD JOHNSON RD
 City WENDELL State NC Zip Code 27591-8535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLAYTON PEDIATRIC DENTISTRY Occupation (for Individual) PRACTICE ADMINISTRATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 17 / 2017
Transaction ID : AA7D3AC23F63A4127923
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 37
<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)
LCV VICTORY FUND

A. BILLO, EVELYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3644 N STONE CREST ST
 City FLAGSTAFF State AZ Zip Code 86004-6811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) SCIENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 27 / 2017
Transaction ID : A46CDFD2D835E4EABAC!
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 ▼ 1650.00

Date of Receipt 11 / 01 / 2017
Transaction ID : A9AF2206321A647B881C
 Amount of Each Receipt this Period 150.00
 Memo Item

C. BRADLEY, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 VISION DR 417
 City NATICK State MA Zip Code 01760-2059
 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 ▼ 1000.00

Date of Receipt 11 / 27 / 2017
Transaction ID : A30FD74B68DAD4959828
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1175.00
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 9 OF 37
	<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)
LCV VICTORY FUND

A. BRENNAN-PORTER, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 RIVER VIEW RD
 City RILEYVILLE State VA Zip Code 22650-1615
 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 ▼ 240.00

Date of Receipt 11 / 28 / 2017
Transaction ID : ADBB241835C7C4CE9BC1
 Amount of Each Receipt this Period 15.00
 Memo Item

B. BURGDORFER, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 DAVIS ST UNIT 559
 City EVANSTON State IL Zip Code 60201-7603
 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 ▼ 1100.00

Date of Receipt 11 / 19 / 2017
Transaction ID : A33BDAD82EDC146C595A
 Amount of Each Receipt this Period 100.00
 Memo Item

C. CARY, ALICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 LINDA AVE APT 2503
 City OAKLAND State CA Zip Code 94611-4820
 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 ▼ 220.00

Date of Receipt 11 / 27 / 2017
Transaction ID : AE38234D0F223410E8F7
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00
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 10 OF 37
	(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)
LCV VICTORY FUND

A. CORNETTA, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 SOUTH ST
 City HINGHAM State MA Zip Code 02043-2628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PROGRAMMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 24 / 2017
Transaction ID : A205B079405694DC2B8E
 Amount of Each Receipt this Period 20.00
 Memo Item

B. DE GARMO, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 699 JOAQUIN LN
 City SANTA FE State NM Zip Code 87505-6610
 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 ▼ 1500.00

Date of Receipt 11 / 20 / 2017
Transaction ID : AF86FBDAD0F9E4DA0869
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. DE GARMO, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 699 JOAQUIN LN
 City SANTA FE State NM Zip Code 87505-6610
 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 ▼ 1500.00

Date of Receipt 11 / 20 / 2017
Transaction ID : AD12A1241E8734632A9B
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3020.00
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 37
	<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)
LCV VICTORY FUND

A. DILLON, MILTON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4100 MALAGA AVE

City COCONUT GROVE	State FL	Zip Code 33133-6325
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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 ▼
438.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : A11272950D41E4F11A93

Amount of Each Receipt this Period
8.00

Memo Item

B. DILLON, MILTON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4100 MALAGA AVE

City COCONUT GROVE	State FL	Zip Code 33133-6325
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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 ▼
453.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2017

Transaction ID : A30782D3C3B8749E3B1F

Amount of Each Receipt this Period
15.00

Memo Item

C. DILLON, MILTON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4100 MALAGA AVE

City COCONUT GROVE	State FL	Zip Code 33133-6325
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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 ▼
473.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

Transaction ID : AA87493107C7A4F20898

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	43.00
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 12 OF 37
	<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)
LCV VICTORY FUND

A. DUDLEY, BROOKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 MCCOLLIE AVE
 City ANCHORAGE State AK Zip Code 99517-1270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROVIDENCE ALASKA MEDICAL CENTER Occupation (for Individual) PHYSICAL THERAPIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 20 / 2017
Transaction ID : A5C7B92C4CE2E489BAE6
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 94304-2080
 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 ▼ 1200.00

Date of Receipt 11 / 30 / 2017
Transaction ID : AAF29000F22A94C0CA97
 Amount of Each Receipt this Period 100.00
 Memo Item

C. FROST, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2431 EL VERANO ST
 City REDDING State CA Zip Code 96002-3702
 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 ▼ 1000.00

Date of Receipt 11 / 06 / 2017
Transaction ID : AE602E353855D40299BB
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 13 OF 37
	<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)
LCV VICTORY FUND

A. GATLING-AUSTIN, HELEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1956 LOCUST HOLLOW RD
 City CHARLOTTESVILLE State VA Zip Code 22903-7754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEALTHSOUTH Occupation (for Individual) PHYSICAL THERAPIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 25 / 2017
Transaction ID : A56B40D6B43FC49E982E
 Amount of Each Receipt this Period 40.00
 Memo Item

B. GILBERT, SIBYLL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 GAME FARM RD
 City PAWLING State NY Zip Code 12564-3427
 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 ▼ 450.00

Date of Receipt 11 / 22 / 2017
Transaction ID : A2A34B74EDB014FE1A65
 Amount of Each Receipt this Period 100.00
 Memo Item

C. GRANT, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 290 ANDERSON ST
 City HACKENSACK State NJ Zip Code 07601-3653
 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 ▼ 550.00

Date of Receipt 11 / 19 / 2017
Transaction ID : A3688095C585642D3813
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00
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 14 OF 37
	<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)
LCV VICTORY FUND

A. HAMILTON, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5130 W WINONA ST
 City CHICAGO State IL Zip Code 60630-2332
 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 ▼ 275.00

Date of Receipt 11 / 27 / 2017
Transaction ID : AA764C27D0E604CA6930
 Amount of Each Receipt this Period 25.00
 Memo Item

B. HERBERT, GEORGIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 21
 City THE PLAINS State VA Zip Code 20198-0021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GEORGIA H. HERBERT, PC Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2017
Transaction ID : A2371D170FEEB47E8A0C
 Amount of Each Receipt this Period 100.00
 Memo Item

C. KAPLAN, BERTON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 WEAVER DAIRY RD APT 1308
 City CHAPEL HILL State NC Zip Code 27514-1434
 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 ▼ 270.00

Date of Receipt 11 / 24 / 2017
Transaction ID : A9EBD93F3FACA4CC0AB1
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00
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 37
	<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)
LCV VICTORY FUND

A. KASE, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 SUNNY KNOLL AVE
 City LEXINGTON State MA Zip Code 02421-4341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATRIUS HEALTHCARE Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2017
Transaction ID : A13B06C97648C4941AD0
 Amount of Each Receipt this Period 25.00
 Memo Item

B. KRACZKIEWICZ, ERNESTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 RIVERSIDE ST
 City WATERTOWN State MA Zip Code 02472-2614
 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 ▼ 455.00

Date of Receipt 11 / 30 / 2017
Transaction ID : AED729858CFD74C51BB5
 Amount of Each Receipt this Period 35.00
 Memo Item

C. LANDON, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4635 84TH AVE SE
 City MERCER ISLAND State WA Zip Code 98040-4320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ARTIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 20 / 2017
Transaction ID : AD764FE84F7134D6090B
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
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 16 OF 37
	<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)
LCV VICTORY FUND

A. LATEINER, ULYSSES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 CHANDLER ST
 UNIT 15
 City SOMERVILLE State MA Zip Code 02144-1911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ELSEVIER/CELL PRESS Occupation (for Individual) OPERATIONS COORDINATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 11 / 17 / 2017
Transaction ID : A5B2BA90615024C10964
 Amount of Each Receipt this Period 25.00
 Memo Item

B. LELIAERT, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27101 W CHICAGO
 City REDFORD State MI Zip Code 48239-2332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PRIEST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 03 / 2017
Transaction ID : AB4D0E23169FF4E12992
 Amount of Each Receipt this Period 20.00
 Memo Item

C. LONERGAN, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1206 CHAUTAUQUA BLVD
 City PACIFIC PALISADES State CA Zip Code 90272-2603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PILATES/YOGA INSTRUCTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 02 / 2017
Transaction ID : AADA796DC94524D5B8EE
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 17 OF 37
	(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)
LCV VICTORY FUND

A. MACINTYRE, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2812 WINDSOR PL
 City WAUKESHA State WI Zip Code 53188-2666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 27 / 2017
Transaction ID : A4B8C8496D3F8445DB55
 Amount of Each Receipt this Period 15.00
 Memo Item

B. MANDEL, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 W 55TH ST
 City NEW YORK State NY Zip Code 10019-3766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 22 / 2017
Transaction ID : A57A1B75ED57F4D57A70
 Amount of Each Receipt this Period 25.00
 Memo Item

C. MCCREERY, RUTH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 199 MANSFIELD ST
 City NEW HAVEN State CT Zip Code 06511-3536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE WORD WORKS Occupation (for Individual) TRANSLATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2017
Transaction ID : AF205D08D49E94E90BCC
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
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 18 OF 37
	<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)
LCV VICTORY FUND

A. MOSER, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2430-12 RAYMOND AVE
 City LOS ANGELES State CA Zip Code 90007-1556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF SOUTHERN CALIFORNIA Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 11 / 28 / 2017
Transaction ID : A9CF333055AEB47C4A2B
 Amount of Each Receipt this Period 45.00
 Memo Item

B. MUELLER, KATHRYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 TRAVIS LN
 City HEWITT State TX Zip Code 76643-3102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BAYLOR UNIVERSITY Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2017
Transaction ID : A7899C46FFD3B4166B1C
 Amount of Each Receipt this Period 25.00
 Memo Item

C. MULDER, JOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4312 29TH AVE W
 City SEATTLE State WA Zip Code 98199-1447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PATS MARINE ENGINES Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 19 / 2017
Transaction ID : AE4E06E72BDA44EEF98E
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 37
	<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)
LCV VICTORY FUND

A. PETERMANN, VIVIEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 JAMAICA RD
 City TONAWANDA State NY Zip Code 14150-8130
 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 11 / 03 / 2017
Transaction ID : AC45E639CCE7C44B3818
 Amount of Each Receipt this Period 250.00
 Memo Item

B. PHILLIPS, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 824 BLOSSOM CT
 City PETALUMA State CA Zip Code 94952-1837
 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 ▼ 275.00

Date of Receipt 11 / 16 / 2017
Transaction ID : A8665FA7965FA4485834
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 1375.00

Date of Receipt 11 / 26 / 2017
Transaction ID : A9A26CB5D81144FCD88F
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 37
	<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)
LCV VICTORY FUND

A. RATLIFF, GRETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 WAKEFIELD TRCE
 City LOUISVILLE State KY Zip Code 40245-5144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HEAR IN AMERICA Occupation (for Individual) BUSINESS MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : A8A40E04F31A34C6C954
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. RAY, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 SW WALNUT ST
 City PULLMAN State WA Zip Code 99163-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GARFIELD UNITED METHODIST CHURCH Occupation (for Individual) PASTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2017
Transaction ID : A0C4436BD9ADA424AAEB
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. REED, NATHANIEL, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1213
 City HOBE SOUND State FL Zip Code 33475-1213
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2017
Transaction ID : A448D9ED672124E3DAEF
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1045.00
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 21 OF 37
	<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)
LCV VICTORY FUND

A. ROSENBLITH, JUDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 NE 34TH ST
 APT 908
 City MIAMI State FL Zip Code 33137-4055
 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 11 / 16 / 2017
Transaction ID : A7A0EC77AE75D4FCCBA1
 Amount of Each Receipt this Period 20.00
 Memo Item

B. SAMFORD, FRANK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3406 WEMBLEY WALK
 City TUCKER State GA Zip Code 30084-2202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2017
Transaction ID : A43B98E60F2134038AE3
 Amount of Each Receipt this Period 500.00
 Memo Item

C. SHEERR-GROSS, DEIRDRE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1452 LITTLE SUNAPEE RD
 City NEW LONDON State NH Zip Code 03257-5319
 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 ▼ 275.00

Date of Receipt 11 / 27 / 2017
Transaction ID : AF1AFA3C0F026460A94D
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	545.00
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 22 OF 37
	(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)
LCV VICTORY FUND

A. SHONLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 VETERANS RD
 APT 21
 City AMHERST State NH Zip Code 03031-2738
 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 11 / 08 / 2017
Transaction ID : AF37C8874D09E46D3B07
 Amount of Each Receipt this Period 20.00
 Memo Item

B. SICKEL, KATHLIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 W MISSION RD
 City GREEN BAY State WI Zip Code 54301-1930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 11 / 01 / 2017
Transaction ID : A1920D6FCFFC2453F8BC
 Amount of Each Receipt this Period 12.00
 Memo Item

C. SICKEL, KATHLIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 W MISSION RD
 City GREEN BAY State WI Zip Code 54301-1930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) WRITER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 11 / 28 / 2017
Transaction ID : A7A48481EB4334B38AF9
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 52.00
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 23 OF 37
	(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)
LCV VICTORY FUND

A. SMITH, LOWELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 CRUMS CHURCH RD
 City BERRYVILLE State VA Zip Code 22611-2016
 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 ▼ 275.00

Date of Receipt 11 / 07 / 2017
Transaction ID : AA23EFA76971B4EF99C5
 Amount of Each Receipt this Period 25.00
 Memo Item

B. TATE, LOUISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 DEAKE ST
 City SOUTH PORTLAND State ME Zip Code 04106-3108
 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 ▼ 275.00

Date of Receipt 11 / 03 / 2017
Transaction ID : A0749CA88FF02458291E
 Amount of Each Receipt this Period 25.00
 Memo Item

C. THOMAS, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 LYNX CT
 City FREMONT State CA Zip Code 94539-6051
 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 ▼ 1100.00

Date of Receipt 11 / 25 / 2017
Transaction ID : A3154B6FD86F74707A09
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 37
	<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)
LCV VICTORY FUND

A. TURK, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 BROADWAY AVE
 City WILMETTE State IL Zip Code 60091-3463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PSYCHIATRIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 22 / 2017
Transaction ID : AF01BD1641BBC41ADAF
 Amount of Each Receipt this Period 50.00
 Memo Item

B. VAN DOMELEN, DAVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 430
 City AMITY State OR Zip Code 97101-0430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 16 / 2017
Transaction ID : A00012A8971354225A49
 Amount of Each Receipt this Period 20.00
 Memo Item

C. VOGELMANN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 E LINDEN AVE
 City COLLINGSWOOD State NJ Zip Code 08108-2026
 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 ▼ 275.00

Date of Receipt 11 / 21 / 2017
Transaction ID : A1784DD9B5EFF484EB3D
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
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 25 OF 37
	<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)
LCV VICTORY FUND

A. WEBSTER, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6355 GREEN VALLEY CIR
 UNIT 111
 City CULVER CITY State CA Zip Code 90230-8048
 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 ▼ 270.00

Date of Receipt 11 / 21 / 2017
Transaction ID : AE0EDED336314D0592A
 Amount of Each Receipt this Period 20.00
 Memo Item

B. WOOD, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2021 SWAZEY ST
 City SAN LUIS OBISPO State CA Zip Code 93401-4526
 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 ▼ 220.00

Date of Receipt 11 / 07 / 2017
Transaction ID : ADDD91AE71B8E468ABF3
 Amount of Each Receipt this Period 20.00
 Memo Item

C. YELVERTON, BONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7234 ANNAPOLIS WAY
 City FONTANA State CA Zip Code 92336-0856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNEMPLOYED Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 02 / 2017
Transaction ID : AB253B25D9D2446B8AE4
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	8655.00

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 26 OF 37
<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 PO 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 ▼
56.79

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2017

Transaction ID : AFA370283D71B46B2BE6

Amount of Each Receipt this Period
0.27

Memo Item

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).....	0.27
TOTAL This Period (last page this line number only).....	0.27

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

Mailing Address 275 7TH AVE

City
NEW YORK

State
NY

Zip Code
10001-6708

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2017			

FEC Identification Number

C

Transaction ID : BE3E960B7E

Amount of Each Disbursement this Period

34.98

Memo Item

Full Name (Last, First, Middle Initial)

B. AMALGAMATED BANK

Mailing Address 275 7TH AVE

City
NEW YORK

State
NY

Zip Code
10001-6708

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2017			

FEC Identification Number

C

Transaction ID : B888D83AE4:

Amount of Each Disbursement this Period

51.55

Memo Item

Full Name (Last, First, Middle Initial)

C. AMALGAMATED BANK

Mailing Address 275 7TH AVE

City
NEW YORK

State
NY

Zip Code
10001-6708

Purpose of Disbursement
BANK SERVICE FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2017			

FEC Identification Number

C

Transaction ID : BB71004CDF

Amount of Each Disbursement this Period

32.63

Memo Item

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

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

119.16

**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 M M / D D / Y Y Y Y Y 11 / 29 / 2017	
Mailing Address 275 7TH AVE			FEC Identification Number C [] Transaction ID : BAEA486133 Amount of Each Disbursement this Period [] 32.06	
City NEW YORK	State NY	Zip Code 10001-6708	Category/Type []	
Purpose of Disbursement BANK SERVICE FEE			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [] 32.06	
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. AMALGAMATED BANK			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 29 / 2017	
Mailing Address 275 7TH AVE			FEC Identification Number C [] Transaction ID : B3FCAE603B Amount of Each Disbursement this Period [] 45.40	
City NEW YORK	State NY	Zip Code 10001-6708	Category/Type []	
Purpose of Disbursement BANK SERVICE FEE			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [] 45.40	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				
Full Name (Last, First, Middle Initial) C. AMALGAMATED BANK			Date of Disbursement M M / D D / Y Y Y Y Y 11 / 29 / 2017	
Mailing Address 275 7TH AVE			FEC Identification Number C [] Transaction ID : B0E0C6DBD Amount of Each Disbursement this Period [] 30.19	
City NEW YORK	State NY	Zip Code 10001-6708	Category/Type []	
Purpose of Disbursement BANK SERVICE FEE			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [] 30.19	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				
SUBTOTAL of Disbursements This Page (optional)..... ▶			[] 107.65	
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.		Date of Disbursement MM / DD / YYYY 11 / 07 / 2017	
Mailing Address 2000 DANIEL ISLAND DR			
City DANIEL ISLAND	State SC	Zip Code 29492-7540	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	FEC Identification Number C
Candidate Name			Transaction ID : B6F33A4BD7 Amount of Each Disbursement this Period 494.62
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. BLACKBAUD, INC.		Date of Disbursement MM / DD / YYYY 11 / 14 / 2017	
Mailing Address 2000 DANIEL ISLAND DR			
City DANIEL ISLAND	State SC	Zip Code 29492-7540	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	FEC Identification Number C
Candidate Name			Transaction ID : BB205DA4F4 Amount of Each Disbursement this Period 121.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. BLACKBAUD, INC.		Date of Disbursement MM / DD / YYYY 11 / 22 / 2017	
Mailing Address 2000 DANIEL ISLAND DR			
City DANIEL ISLAND	State SC	Zip Code 29492-7540	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type	FEC Identification Number C
Candidate Name			Transaction ID : B1914EAE12 Amount of Each Disbursement this Period 72.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

689.06

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 DR

City DANIEL ISLAND

State SC

Zip Code 29492-7540

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2017			

FEC Identification Number

C [Redacted]

Transaction ID : BCC615E600

Amount of Each Disbursement this Period

[Redacted] 133.86

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUE STATE DIGITAL

Mailing Address 101 AVENUE OF THE AMERICAS
12TH FLOOR

City NEW YORK

State NY

Zip Code 10013-1905

Purpose of Disbursement
WEBSITE CONSTRUCTION CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2017			

FEC Identification Number

C [Redacted]

Transaction ID : B90179E33F4

Amount of Each Disbursement this Period

[Redacted] 80000.00

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 & COMPLIANCE SUPPORT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2017			

FEC Identification Number

C [Redacted]

Transaction ID : BC0D7D6B9

Amount of Each Disbursement this Period

[Redacted] 1262.91

Memo Item

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

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

[Redacted] 81396.77

[Redacted]

**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. LEAGUE OF CONSERVATION VOTERS, INC.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	2		2	0	1	7		

Mailing Address 1920 L ST NW
STE 800

City WASHINGTON State DC Zip Code 20036-5045

Purpose of Disbursement
STAFF TIME AND RESOURCES FOR FUNDRAISING MAILER

FEC Identification Number

C []
Transaction ID : BDA7FF06E2
Amount of Each Disbursement this Period
[] 817.44

Candidate Name

Category/
Type

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

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. SIR SPEEDY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	7		

Mailing Address 2001 L ST NW

City WASHINGTON State DC Zip Code 20036-4910

Purpose of Disbursement
ENVELOPES & PRINTING FOR FUNDRAISING MAILER

FEC Identification Number

C []
Transaction ID : B5FDCFA5B8
Amount of Each Disbursement this Period
[] 651.17

Candidate Name

Category/
Type

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

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. SUNTRUST BANK

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	0		2	0	1	7		

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862-2227

Purpose of Disbursement
BANK SERVICE FEE

FEC Identification Number

C []
Transaction ID : B0DE1B8A51
Amount of Each Disbursement this Period
[] 76.28

Candidate Name

Category/
Type

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

Memo Item

State: District:

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

[] 1544.89

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. US POSTMASTER

Mailing Address 900 BRENTWOOD RD. NE

City
WASHINGTON

State
DC

Zip Code
20090-7501

Purpose of Disbursement
POSTAGE FEES

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
11			28			2017			

FEC Identification Number

C []
Transaction ID : BF06DDACB:
Amount of Each Disbursement this Period
[] 1322.00

Memo Item

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

FEC Identification Number

C []
Amount of Each Disbursement this Period
[]

Memo Item

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

FEC Identification Number

C []
Amount of Each Disbursement this Period
[]

Memo Item

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

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

1322.00

85179.53

**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)

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

Office Sought: House Senate President
State: District:

Disbursement For: 2017
 Primary General
 Other (specify) **OTHER**

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: **C** C00625533
Transaction ID : BC6969EDCC
Amount of Each Disbursement this Period: 15000.00

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
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: / /

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
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	15000.00

**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

A. BAYLESS, KAREN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 16115 N 87TH DR

City PEORIA State AZ Zip Code 85382-3773

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: C

Transaction ID : B2E04697EB!

Amount of Each Disbursement this Period: 15.00

Memo Item

B. CARLISLE, JOHAN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3600 HARBOR BLVD

City OXNARD State CA Zip Code 93035-4136

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : BAD085066A!

Amount of Each Disbursement this Period: 500.00

Memo Item

C. COPLEMAN, JOYCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 44 TITUS AVE

City LAWRENCE TOWNSHIP State NJ Zip Code 08648-1661

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2017

FEC Identification Number: C

Transaction ID : BAF91D0A4!

Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 565.00

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 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

A. HARDING, JOE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4615

City BOULDER State CO Zip Code 80306-4615

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2017

FEC Identification Number: C

Transaction ID : B0399E4C38

Amount of Each Disbursement this Period: 25.00

Memo Item

B. HASAN, SYED, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 41 JENNIFER RD

City LOWELL State MA Zip Code 01854-2105

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2017

FEC Identification Number: C

Transaction ID : B3266F72957

Amount of Each Disbursement this Period: 50.00

Memo Item

C. KWOK, WILLIAM, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1231 VALERIAN CT APT 4

City SUNNYVALE State CA Zip Code 94086-9150

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 20 / 2017

FEC Identification Number: C

Transaction ID : B1139CA56F

Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 125.00

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 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. LITTEN, EDNA, , MS.,		Date of Disbursement MM / DD / YYYY 11 / 13 / 2017	
Mailing Address PO BOX 48		FEC Identification Number C [REDACTED] Transaction ID : B203FE8826 Amount of Each Disbursement this Period [REDACTED] 300.00	
City ALTAMONT	State NY	Zip Code 12009-0048	Category/ Type [REDACTED]
Purpose of Disbursement REFUND		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. LONCAR, BRETT, , ,		Date of Disbursement MM / DD / YYYY 11 / 12 / 2017	
Mailing Address 15272 DE PAUW ST		FEC Identification Number C [REDACTED] Transaction ID : B3FCA6E68A Amount of Each Disbursement this Period [REDACTED] 100.00	
City PACIFIC PALISADES	State CA	Zip Code 90272-4335	Category/ Type [REDACTED]
Purpose of Disbursement REFUND		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. MELICAN, KAREN, , ,		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017	
Mailing Address 3 COLBURN RD		FEC Identification Number C [REDACTED] Transaction ID : B1D9BE09D Amount of Each Disbursement this Period [REDACTED] 50.00	
City WELLESLEY	State MA	Zip Code 02481-3019	Category/ Type [REDACTED]
Purpose of Disbursement REFUND		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)..... ▶

[REDACTED] 450.00

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

[REDACTED]

**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. SPRUNG, JULES, , ,

Date of Disbursement
MM / DD / YYYY
11 / 06 / 2017

Mailing Address 230 SAUGATUCK AVE
APT 6

City WESTPORT State CT Zip Code 06880-6401

Purpose of Disbursement REFUND

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : B3F91967287
Amount of Each Disbursement this Period
50.00

Memo Item

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

Date of Disbursement
MM / DD / YYYY
11 / 15 / 2017

Mailing Address 939 N SPAULDING AVE

City WEST HOLLYWOOD State CA Zip Code 90046-6304

Purpose of Disbursement REFUND

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : B5C5740A1E1
Amount of Each Disbursement this Period
30.00

Memo Item

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

Date of Disbursement
MM / DD / YYYY
11 / 11 / 2017

Mailing Address PO BOX 198

City DE WITT State IA Zip Code 52742-0198

Purpose of Disbursement REFUND

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : B3AC3CF0F1
Amount of Each Disbursement this Period
50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	1270.00