

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 / / 2017 through / / 2017

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 / / 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**

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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="203469.05"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="160952.43"/>	<input type="text" value="240272.93"/>
(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="364421.48"/>	<input type="text" value="420304.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8476.74"/>	<input type="text" value="64359.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="355944.74"/>	<input type="text" value="355944.74"/>
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).....	124270.00	164742.00
(ii) Unitemized	36681.33	73273.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	160951.33	238015.83
(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)	160951.33	240215.16
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.).....	1.10	57.77
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)).....▶	160952.43	240272.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	160952.43	240272.93

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	7456.74	28140.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7456.74	28140.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	35000.00
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	1020.00	1219.00
(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)).....	1020.00	1219.00
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)) ..	8476.74	64359.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8476.74	64359.75

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)	160951.33	240215.16
34. Total Contribution Refunds (from Line 28(d))	1020.00	1219.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	159931.33	238996.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7456.74	28140.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7456.74	28140.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 45
	(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"/> 15
	<input type="checkbox"/> 12	<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. 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 ▼ 250.00

Date of Receipt 10 / 25 / 2017
Transaction ID : ACDDA08B2481C4A4284A
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 ▼ 350.00

Date of Receipt 10 / 06 / 2017
Transaction ID : A8FEFD0F5051C4A7ABCB
 Amount of Each Receipt this Period 35.00
 Memo Item

C. AVERY, GEORGE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 W 23RD ST
 City VANCOUVER State WA Zip Code 98660-2623
 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 10 / 17 / 2017
Transaction ID : ADFE263FAE98947C8B4C
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1060.00
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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2017
Transaction ID : A2F0DBC8286B14EA88F3
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : A3FBDC82E54AD4B7897A
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2017
Transaction ID : A71AE99BD7AC24B26892
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. BINGHAM, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 WHITE BIRCH RD
 City SALEM State CT Zip Code 06420-3918
 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 ▼ 3500.00

Date of Receipt 10 / 31 / 2017
Transaction ID : AD37CBE1D9143494196F
 Amount of Each Receipt this Period 500.00
 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 ▼ 1500.00

Date of Receipt 10 / 01 / 2017
Transaction ID : AADF0235665184C57801
 Amount of Each Receipt this Period 150.00
 Memo Item

C. 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 ▼ 225.00

Date of Receipt 10 / 28 / 2017
Transaction ID : A698FF6FF0887456A8EE
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	665.00
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 9 OF 45
	(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"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. BROWNRIGG, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13040 ALTA TIERRA RD
 City LOS ALTOS HILLS State CA Zip Code 94022-3403
 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 ▼ 2500.00

Date of Receipt 10 / 31 / 2017
Transaction ID : A10A8B3EDB87D4C05974
 Amount of Each Receipt this Period 2500.00
 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 ▼ 1000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : A7B6B27DCF92749BBA36
 Amount of Each Receipt this Period 100.00
 Memo Item

C. CAINE, LYNDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3014 COLTER AVE
 City BOZEMAN State MT Zip Code 59715-6173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) GUEST RANCH OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 14 / 2017
Transaction ID : A457F7EDCD86B43EEA72
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
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 10 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. CARLISLE, JOHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3600 HARBOR BLVD
 City OXNARD State CA Zip Code 93035-4136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) FILMMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2017
Transaction ID : A93FFE2F05EA84C73A1C
 Amount of Each Receipt this Period 500.00
 Memo Item

B. CHANG, JEESUNG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 OAKWOOD CT
 City OAKLAND State CA Zip Code 94611-1174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADOBE SYSTEMS Occupation (for Individual) MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 14 / 2017
Transaction ID : AAEDBCB2C183B41C592B
 Amount of Each Receipt this Period 400.00
 Memo Item

C. COOK, DOUG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 S LEMON AVE #1720
 City WALNUT State CA Zip Code 91789-2708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 16 / 2017
Transaction ID : AB3A5C17707CF402DAE4
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 45
<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. CORNFIELD, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 W GARFIELD ST
 City SEATTLE State WA Zip Code 98119-3277
 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 ▼ 50000.00

Date of Receipt 10 / 26 / 2017
Transaction ID : A87CC03E2F70F4FF681B
 Amount of Each Receipt this Period 50000.00
 Memo Item

B. CORNFIELD, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 W GARFIELD ST
 City SEATTLE State WA Zip Code 98119-3277
 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 ▼ 50000.00

Date of Receipt 10 / 26 / 2017
Transaction ID : A606DDF07256E41E0967
 Amount of Each Receipt this Period 50000.00
 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
 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 ▼ 395.00

Date of Receipt 10 / 17 / 2017
Transaction ID : A8A849A6422274092A80
 Amount of Each Receipt this Period 8.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100008.00
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 45
<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
-----------------------	-------------	------------------------

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 ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2017

Transaction ID : A46EDBBAD2A8A40BF81C

Amount of Each Receipt this Period
15.00

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
-----------------------	-------------	------------------------

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 ▼
430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2017

Transaction ID : AE2CB94A8E48F4030906

Amount of Each Receipt this Period
20.00

Memo Item

C. 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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2017

Transaction ID : AA5CE3C5595A146B69D1

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 45
	<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	

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. 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 ▼ 1000.00

Date of Receipt 10 / 01 / 2017
Transaction ID : A493E10449E7C4036840
 Amount of Each Receipt this Period 100.00
 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 ▼ 1100.00

Date of Receipt 10 / 31 / 2017
Transaction ID : AE7A68A2D425B46658DA
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 400.00

Date of Receipt 10 / 25 / 2017
Transaction ID : AACF3725757834305910
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. GIDWITZ, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5803 RUSSELL RD
 City DURHAM State NC Zip Code 27712-1945
 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 10 / 16 / 2017
Transaction ID : AE9FE671E1EEB47D6988
 Amount of Each Receipt this Period 250.00
 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 ▼ 250.00

Date of Receipt 10 / 16 / 2017
Transaction ID : AF46F2DFEC8504677A11
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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 ▼ 350.00

Date of Receipt 10 / 22 / 2017
Transaction ID : A51C5465E661C414C9A1
 Amount of Each Receipt this Period 100.00
 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 15 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. 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 ▼ 500.00

Date of Receipt 10 / 19 / 2017
Transaction ID : A43BB52243569450A8A5
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 250.00

Date of Receipt 10 / 27 / 2017
Transaction ID : A1984A163F5134FA786A
 Amount of Each Receipt this Period 25.00
 Memo Item

C. HANKINSON, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9150 MELLON CT
 City ST AUGUSTINE State FL Zip Code 32080-8563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2017
Transaction ID : A251A805CDB034C4F89D
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
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 45
	<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. HANSEN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4005 PARK AVE N
 City RENTON State WA Zip Code 98056-1517
 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2017
Transaction ID : A99A455D10AC84E008A3
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. HANSEN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4005 PARK AVE N
 City RENTON State WA Zip Code 98056-1517
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : A44AF78BDACC14B9399F
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2017
Transaction ID : A633EF2EEDE6B4AD6999
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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 17 OF 45
	<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. HOLLIDAY, JOEL, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1233 CREST RD

City DEL MAR	State CA	Zip Code 92014-2621
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CHARLES LEE POWELL FOUNDATION	Occupation (for Individual) EXECUTIVE
--	--

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
10		31		2017

Transaction ID : AADFFD6B8DC184296979

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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 ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2017

Transaction ID : AE721706C04FD49938FF

Amount of Each Receipt this Period
50.00

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2017

Transaction ID : A9A9D11B954064AEDBC9

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1070.00
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 45
<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. 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 ▼ 250.00

Date of Receipt 10 / 28 / 2017
Transaction ID : AF0B9FFBC26E41CC8F3
 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 ▼ 385.00

Date of Receipt 10 / 31 / 2017
Transaction ID : A89A46ECC2447414980D
 Amount of Each Receipt this Period 35.00
 Memo Item

C. KRAVATH, PAULINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 166 W 76TH ST
 City NEW YORK State NY Zip Code 10023-8408
 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 ▼ 235.00

Date of Receipt 10 / 17 / 2017
Transaction ID : A2DE527C351FC4DE2928
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 160.00
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 45
<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. KUTNER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1020 AMAYA RIDGE RD
 City SOQUEL State CA Zip Code 95073-9666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TPMG Occupation (for Individual) MEDICINE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2017
Transaction ID : A44C7BA9CBD01485CAEC
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 ▼ 350.00

Date of Receipt 10 / 20 / 2017
Transaction ID : A549593CA39954C9FA6E
 Amount of Each Receipt this Period 35.00
 Memo Item

C. 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 ▼ 240.00

Date of Receipt 10 / 17 / 2017
Transaction ID : A5F42F551EB454952B9F
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	560.00
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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. LITTEN, EDNA, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 48**

City **ALTAMONT** State **NY** Zip Code **12009-0048**

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

Name of Employer (for Individual) **INDIAN LADDER FARMS** Occupation (for Individual) **BUYER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 03 / 2017**

Transaction ID : A274E6972034A481C942

Amount of Each Receipt this Period **250.00**

Memo Item

B. LITTEN, EDNA, , MS.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 48**

City **ALTAMONT** State **NY** Zip Code **12009-0048**

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

Name of Employer (for Individual) **INDIAN LADDER FARMS** Occupation (for Individual) **BUYER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 16 / 2017**

Transaction ID : A18B1F7579D5B434CBF2

Amount of Each Receipt this Period **50.00**

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 ▼ **250.00**

Date of Receipt **10 / 02 / 2017**

Transaction ID : A13361A97FE134BEEADA

Amount of Each Receipt this Period **25.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **325.00**

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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. LORD, HENRY, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 313 AUDUBON CT

City NEW HAVEN	State CT	Zip Code 06510-1203
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : ADC3651DD4C0D4CE48A9

Amount of Each Receipt this Period
350.00

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 ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2017

Transaction ID : A404AE1066256407F9F7

Amount of Each Receipt this Period
100.00

Memo Item

C. 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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2017

Transaction ID : A7733902BB3E647A2A18

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
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 22 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. 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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : A6BCFDE62626742E0B60

Amount of Each Receipt this Period
25.00

Memo Item

B. MCGARRY, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5055 MOUNTAIN RIDGE DR NE

City ADA	State MI	Zip Code 49301-9557
-------------	-------------	------------------------

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

Name of Employer (for Individual) MCGARRY BAIR PC	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2017

Transaction ID : A7D7DB8BF4E8045948BC

Amount of Each Receipt this Period
250.00

Memo Item

C. MILLER, CHRISTOPHER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2140 SODA CANYON RD

City NAPA	State CA	Zip Code 94558-9467
--------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2017

Transaction ID : A89310A6828054F53AD7

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
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 23 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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 ▼ 440.00

Date of Receipt 10 / 28 / 2017
Transaction ID : A2F2BAB50CC024946976
 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 ▼ 250.00

Date of Receipt 10 / 28 / 2017
Transaction ID : A4E6903EB4F8342EF842
 Amount of Each Receipt this Period 25.00
 Memo Item

C. NAIFEH, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2059 NEW BRUNSWICK DR
 City SAN MATEO State CA Zip Code 94402-4043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PSYCHOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2017
Transaction ID : AA0F4C247BEB845119BE
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 320.00
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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. O'REGAN, DAPHNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 ROXBURGH AVE
 City EAST LANSING State MI Zip Code 48823-3129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MSU COLLEGE OF LAW Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2017
Transaction ID : A7306072CA85A43C6BEF
 Amount of Each Receipt this Period 500.00
 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 ▼ 250.00

Date of Receipt 10 / 16 / 2017
Transaction ID : AC6A771347060408E9A4
 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 ▼ 1250.00

Date of Receipt 10 / 26 / 2017
Transaction ID : AC53F9A3AD4CD42D999D
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 45
	<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 ▼ 250.00

Date of Receipt 10 / 03 / 2017
Transaction ID : A58E2D6E6B1AC42C9A9A
 Amount of Each Receipt this Period 25.00
 Memo Item

B. REITZEL, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 882 DANDRIDGE CT
 City ELGIN State IL Zip Code 60120-5130
 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 10 / 05 / 2017
Transaction ID : A2015E233B6FA446AADE
 Amount of Each Receipt this Period 250.00
 Memo Item

C. ROOT, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 CHANDLER RD
 City ANN ARBOR State MI Zip Code 48105-1611
 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 ▼ 250.00

Date of Receipt 10 / 22 / 2017
Transaction ID : A180E3E8DEC12480D8FE
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 26 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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 ▼ 230.00

Date of Receipt 10 / 16 / 2017
Transaction ID : ACB7DC820C6994A72B60
 Amount of Each Receipt this Period 30.00
 Memo Item

B. 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 ▼ 230.00

Date of Receipt 10 / 16 / 2017
Transaction ID : A793223FF7D7F4CF9B9C
 Amount of Each Receipt this Period 20.00
 Memo Item

C. SALE, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 704 POTTERS FALLS RD
 City WARTBURG State TN Zip Code 37887-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOW IMPACT HYDROPOWER INSTITUTE Occupation (for Individual) RENEWABLE ENERGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 16 / 2017
Transaction ID : A87968659F3914785AE8
 Amount of Each Receipt this Period 475.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 27 OF 45
	<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. 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 ▼ 250.00

Date of Receipt 10 / 27 / 2017
Transaction ID : AC9160ECFC4C44356B9F
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 ▼ 230.00

Date of Receipt 10 / 26 / 2017
Transaction ID : A05776979902444D7A26
 Amount of Each Receipt this Period 30.00
 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 ▼ 588.00

Date of Receipt 10 / 01 / 2017
Transaction ID : A8B58DB6C7A594585974
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. 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 ▼ 608.00

Date of Receipt 10 / 28 / 2017
Transaction ID : A151021FE47364B939EE
 Amount of Each Receipt this Period 20.00
 Memo Item

B. SINGER, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1329 HOLLOW COVE RD
 City NARBERTH State PA Zip Code 19072-1159
 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 10 / 24 / 2017
Transaction ID : AD221B03636AC40FCBB3
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 ▼ 250.00

Date of Receipt 10 / 07 / 2017
Transaction ID : A17315A4CD4AB4C82941
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 295.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45
	<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. SMOOT TEWES GROUP

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

Mailing Address 818 CONNECTICUT AVE NW
STE 200

City WASHINGTON State DC Zip Code 20006-2742

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 ▼
1500.00

Date of Receipt
10 / 20 / 2017

Transaction ID : AF66B03112BA7461DB77

Amount of Each Receipt this Period
500.00

Memo Item

B. SPEARS, SANDY, , ,

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

Mailing Address 4108 UNIVERSITY BLVD

City HOUSTON State TX Zip Code 77005-2714

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

Name of Employer (for Individual) Occupation (for Individual)
PINES PRESBYTERIAN TEACHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 16 / 2017

Transaction ID : A84DD5BE1735C41BFB0A

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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) Occupation (for Individual)
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 03 / 2017

Transaction ID : AF6B33054B19D40CAA48

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. 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 ▼ 1000.00

Date of Receipt 10 / 25 / 2017
Transaction ID : A2BBD356A86124009818
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt 10 / 22 / 2017
Transaction ID : AA57187C036F24137B5F
 Amount of Each Receipt this Period 50.00
 Memo Item

C. UCHIDA, JANCIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3190 MAILE WAY
 City HONOLULU State HI Zip Code 96822-2243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF HAWAII Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2017
Transaction ID : A9A287E085D3947E3ABE
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. VAILLANCOURT, MIMI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 713 PRITCHARD CT
 City SANTA CLARA State CA Zip Code 95051-5714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) WRITER, BLOGGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2017
Transaction ID : A8550ED7D6EF446D69B9
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 250.00

Date of Receipt 10 / 21 / 2017
Transaction ID : A5C3ED549FD7A45B9808
 Amount of Each Receipt this Period 25.00
 Memo Item

C. WALKER, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 HUCKLEBERRY LN NW
 City SHORELINE State WA Zip Code 98177-8005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) CIVIC VOLUNTEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 10 / 31 / 2017
Transaction ID : A8A458F97F6DE4401AB0
 Amount of Each Receipt this Period 7500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7775.00
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 32 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
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 ▼ 250.00

Date of Receipt 10 / 27 / 2017
Transaction ID : A52256326DA594CD9B64
 Amount of Each Receipt this Period 50.00
 Memo Item

B. WEHRLE, LEROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6200 HAYLEY CT
 City SPRINGFIELD State IL Zip Code 62712-8668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF ILLINOIS Occupation (for Individual) PROFESSOR OF ECONOMICS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2017
Transaction ID : A205212D587C14FBC8E3
 Amount of Each Receipt this Period 250.00
 Memo Item

C. WESELEY, PHOEBE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 455 BUNN RD
 City BEDMINSTER State NJ Zip Code 07921-2967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 16 / 2017
Transaction ID : A1B0B653C30C040E1B7D
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 33 OF 45
	<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. WESTRELL, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12910 SE CREST DR
 City HAPPY VALLEY State OR Zip Code 97086-6392
 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 ▼ 500.00

Date of Receipt 10 / 17 / 2017
Transaction ID : A67A028CCF863461F853
 Amount of Each Receipt this Period 500.00
 Memo Item

B. WOLSZON, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 SE 58TH AVE
 City PORTLAND State OR Zip Code 97215-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) COUNSELOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 10 / 16 / 2017
Transaction ID : AA8542D41C9B04C56AB2
 Amount of Each Receipt this Period 200.00
 Memo Item

C. WOLSZON, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 SE 58TH AVE
 City PORTLAND State OR Zip Code 97215-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) COUNSELOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 26 / 2017
Transaction ID : A06951ADBF56B4723972
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 715.00
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 34 OF 45
(check only one)

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

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NAME OF COMMITTEE (In Full)
LCV VICTORY FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YELVERTON, BONNIE, , ,

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 ▼
250.00

Date of Receipt
10 / 02 / 2017

Transaction ID : A5023DFB457514D41968

Amount of Each Receipt this Period
25.00

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	124270.00

**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 35 OF 45
<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 ▼
56.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : A5D53C23FE8A94DAB8F3

Amount of Each Receipt this Period
1.10

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.10
TOTAL This Period (last page this line number only).....	1.10

**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. AMALGAMATED BANK

Full Name (Last, First, Middle Initial)

Mailing Address 275 7TH AVE

City NEW YORK State NY Zip Code 10001-6708

Purpose of Disbursement BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2017

FEC Identification Number: C

Transaction ID : BF6D47A9EE

Amount of Each Disbursement this Period: 27.06

Memo Item

B. AMALGAMATED BANK

Full Name (Last, First, Middle Initial)

Mailing Address 275 7TH AVE

City NEW YORK State NY Zip Code 10001-6708

Purpose of Disbursement BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2017

FEC Identification Number: C

Transaction ID : BC25B9DD63

Amount of Each Disbursement this Period: 27.14

Memo Item

C. AMALGAMATED BANK

Full Name (Last, First, Middle Initial)

Mailing Address 275 7TH AVE

City NEW YORK State NY Zip Code 10001-6708

Purpose of Disbursement BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 20 / 2017

FEC Identification Number: C

Transaction ID : BB966BE80E

Amount of Each Disbursement this Period: 27.06

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 81.26

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. AMALGAMATED BANK

Full Name (Last, First, Middle Initial)

Mailing Address 275 7TH AVE

City NEW YORK State NY Zip Code 10001-6708

Purpose of Disbursement BANK SERVICE FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2017

FEC Identification Number: C

Transaction ID : B0A30B55B0

Amount of Each Disbursement this Period: 26.49

Memo Item

B. BLACKBAUD, INC.

Full Name (Last, First, Middle Initial)

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: 10 / 07 / 2017

FEC Identification Number: C

Transaction ID : BE81FA4421/

Amount of Each Disbursement this Period: 217.15

Memo Item

C. BLACKBAUD, INC.

Full Name (Last, First, Middle Initial)

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: 10 / 16 / 2017

FEC Identification Number: C

Transaction ID : B5CBCA620,

Amount of Each Disbursement this Period: 293.95

Memo Item

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

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

537.59

**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 10 / 20 / 2017
Mailing Address 2000 DANIEL ISLAND DR		FEC Identification Number C Transaction ID : BD3148E42A Amount of Each Disbursement this Period 162.85
City DANIEL ISLAND	State SC Zip Code 29492-7540	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) B. BLACKBAUD, INC.		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017
Mailing Address 2000 DANIEL ISLAND DR		FEC Identification Number C Transaction ID : B591B919569 Amount of Each Disbursement this Period 688.43
City DANIEL ISLAND	State SC Zip Code 29492-7540	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) C. LEAGUE OF CONSERVATION VOTERS, INC.		Date of Disbursement MM / DD / YYYY 10 / 19 / 2017
Mailing Address 1920 L ST NW STE 800		FEC Identification Number C Transaction ID : B2A97BA99E Amount of Each Disbursement this Period 1262.91
City WASHINGTON	State DC Zip Code 20036-5045	
Purpose of Disbursement ADMIN & COMPLIANCE SUPPORT		Memo Item <input type="checkbox"/>
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:		

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

2114.19

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. LEAGUE OF CONSERVATION VOTERS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2017

Mailing Address 1920 L ST NW
STE 800

City
WASHINGTON

State
DC

Zip Code
20036-5045

FEC Identification Number

C [REDACTED]

Transaction ID : B11E110B0D

Amount of Each Disbursement this Period

[REDACTED] 4565.85

Memo Item

Purpose of Disbursement
STAFF TIME AND RESOURCES FOR FUNDRAISING MAILER

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. SUNTRUST BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2017

Mailing Address PO BOX 62227

City
ORLANDO

State
FL

Zip Code
32862-2227

FEC Identification Number

C [REDACTED]

Transaction ID : BC5038C193f

Amount of Each Disbursement this Period

[REDACTED] 34.98

Memo Item

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. SUNTRUST BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2017

Mailing Address PO BOX 62227

City
ORLANDO

State
FL

Zip Code
32862-2227

FEC Identification Number

C [REDACTED]

Transaction ID : BB054A7960

Amount of Each Disbursement this Period

[REDACTED] 50.77

Memo Item

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

[REDACTED] 4651.60

[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. SUNTRUST BANK

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		20		2017

Mailing Address PO BOX 622227

City ORLANDO State FL Zip Code 32862-2227

FEC Identification Number

C

Transaction ID : B8522E5BBE

Amount of Each Disbursement this Period

72.10

Purpose of Disbursement
BANK SERVICE FEE

Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

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

Memo Item

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

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

<input type="text"/>	72.10
<input type="text"/>	7456.74

**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. BENNETT, WOLF, , ,

Mailing Address 28290 ELK VIEW DR

City STEAMBOAT SPRINGS State CO Zip Code 80487

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: 10 / 05 / 2017

FEC Identification Number: C

Transaction ID : **BF2D48288A**

Amount of Each Disbursement this Period: 50.00

Memo Item

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

Mailing Address 214 KINGS WAY

City CLEMSON State SC Zip Code 29631-2112

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: 10 / 12 / 2017

FEC Identification Number: C

Transaction ID : **BA3A340183f**

Amount of Each Disbursement this Period: 50.00

Memo Item

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

Mailing Address 604 EATON ST

City SAVANNA State IL Zip Code 61074-2606

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: 10 / 10 / 2017

FEC Identification Number: C

Transaction ID : **BBE8A716E1**

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 105.00

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. GEHLEN, FRIEDA, , ,		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017	
Mailing Address 11826 SEMILLON BLVD		FEC Identification Number C [REDACTED] Transaction ID : B2CF5B3310! Amount of Each Disbursement this Period [REDACTED] 35.00	
City SAN DIEGO	State CA	Zip Code 92131-2622	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. GRISEZ, JANINE, , ,		Date of Disbursement MM / DD / YYYY 10 / 06 / 2017	
Mailing Address 1139 BLUE JAY DR		FEC Identification Number C [REDACTED] Transaction ID : B15E0263F13 Amount of Each Disbursement this Period [REDACTED] 25.00	
City PITTSBURGH	State PA	Zip Code 15243-1201	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. HANDWERGER, NANCY, , ,		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017	
Mailing Address 45 S VALENTINE DR		FEC Identification Number C [REDACTED] Transaction ID : B4760585097 Amount of Each Disbursement this Period [REDACTED] 35.00	
City GARNET VALLEY	State PA	Zip Code 19060-1322	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)..... ▶

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

[REDACTED] 95.00
[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. HERMANN, DAVID, , ,		Date of Disbursement MM / DD / YYYY 10 / 30 / 2017	
Mailing Address 9442 N TIOGA AVE		FEC Identification Number C [REDACTED] Transaction ID : BB2EBAEA11 Amount of Each Disbursement this Period 10.00	
City PORTLAND	State OR	Zip Code 97203-2457	Category/ Type
Purpose of Disbursement REFUND		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) B. HOOKER, DEBORAH, , ,		Date of Disbursement MM / DD / YYYY 10 / 12 / 2017	
Mailing Address 510 FISHER ST		FEC Identification Number C [REDACTED] Transaction ID : B10FFA63DD Amount of Each Disbursement this Period 25.00	
City CLAYTON	State NC	Zip Code 27520-2507	Category/ Type
Purpose of Disbursement REFUND		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) C. MADIGAN, MARJORIE, , ,		Date of Disbursement MM / DD / YYYY 10 / 18 / 2017	
Mailing Address 118 W 79TH ST APT 4D		FEC Identification Number C [REDACTED] Transaction ID : BFA1A8F379 Amount of Each Disbursement this Period 75.00	
City NEW YORK	State NY	Zip Code 10024-6445	Category/ Type
Purpose of Disbursement REFUND		Memo Item <input type="checkbox"/>	
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:			

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

110.00

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

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. REINSTEIN, SHARON, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3448 1ST ST

City OCEANSIDE State NY Zip Code 11572-5202

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2017

FEC Identification Number: C

Transaction ID : B605332569F

Amount of Each Disbursement this Period: 35.00

Memo Item

B. SALE, MICHAEL, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 704 POTTERS FALLS RD

City WARTBURG State TN Zip Code 37887-4001

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2017

FEC Identification Number: C

Transaction ID : B22339BCA5!

Amount of Each Disbursement this Period: 475.00

Memo Item

C. SETHEE, JAI, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2171 GLASGOW AVE

City CARDIFF BY THE SEA State CA Zip Code 92007-1806

Purpose of Disbursement REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2017

FEC Identification Number: C

Transaction ID : BDC09A0D4!

Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 560.00

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. STOCK, SUE, , ,

Date of Disbursement: MM / DD / YYYY
10 / 30 / 2017

Mailing Address: 600 S PEAR ORCHARD RD
APT 208

City: RIDGELAND State: MS Zip Code: 39157-4223

Purpose of Disbursement: REFUND

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **BF2075B174**
Amount of Each Disbursement this Period: 50.00

Memo Item

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

Date of Disbursement: MM / DD / YYYY
10 / 17 / 2017

Mailing Address: 977 ORMA DR

City: SAN DIEGO State: CA Zip Code: 92106-2815

Purpose of Disbursement: REFUND

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **BAA9C0CCC**
Amount of Each Disbursement this Period: 75.00

Memo Item

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

Date of Disbursement: MM / DD / YYYY
10 / 23 / 2017

Mailing Address: 446 SAMOHT RIDGE RD

City: CINCINNATI State: OH Zip Code: 45238-5532

Purpose of Disbursement: REFUND

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **BBDD3A0FD**
Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	1020.00