

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

DB Victory 2008

ADDRESS (number and street) 95 Merrick Way
Suite 250
Coral Gables FL 33134

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00439760 **CITY** **STATE** FL **ZIP CODE** 33134 **STATE DISTRICT** FL

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 11 04 2008 in the State of FL

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 07 01 2008 through 08 06 2008

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 Jose A. Riesco

Signature of Treasurer Electronically Filed by Jose A. Riesco Date 08 14 2008

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

Office Use Only									
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FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DB Victory 2008

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	510003.85
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	510003.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	8126.38	49601.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8126.38	49601.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	402.53	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
DB Victory 2008

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
0	6

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

	0.00	483215.00
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(ii) Unitemized.....

	0.00	2788.85
--	------	---------

(iii) TOTAL of contributions

	0.00	486003.85
--	------	-----------

from individuals..... ▶

	0.00	0.00
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(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

	0.00	24000.00
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(d) The Candidate.....

	0.00	0.00
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(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

	0.00	510003.85
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12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

	0.00	0.00
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13. LOANS

(a) Made or Guaranteed by the Candidate.....

	0.00	0.00
--	------	------

(b) All Other Loans.....

	0.00	0.00
--	------	------

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

	0.00	0.00
--	------	------

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

	0.00	0.00
--	------	------

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

	0.00	0.00
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16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

	0.00	510003.85
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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8126.38	49601.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	460000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	8126.38	509601.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8528.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	8528.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8126.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	402.53

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)
DB Victory 2008

A. Full Name (Last, First, Middle Initial) Citibank Card <hr/> Mailing Address PO Box 6407 <hr/> City The Lakes State NV Zip Code 88901-6407 <hr/> Purpose of Disbursement CREDIT CARD PAYMENT(SEE BELOW) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80814.E35 Date of Disbursement 07 / 01 / 2008
	Amount of Each Disbursement this Period 3000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	CREDIT CARD PAYMENT(SEE BELOW)
	Category/Type

B. Full Name (Last, First, Middle Initial) Aristotle <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003-1164 <hr/> Purpose of Disbursement campaign software Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80814.E37 Date of Disbursement 07 / 01 / 2008
	Amount of Each Disbursement this Period 3000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: CAMPAIGN SOFTWARE
	Category/Type

C. Full Name (Last, First, Middle Initial) Citibank Card <hr/> Mailing Address PO Box 6407 <hr/> City The Lakes State NV Zip Code 88901-6407 <hr/> Purpose of Disbursement Return Check Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80814.E33 Date of Disbursement 07 / 21 / 2008
	Amount of Each Disbursement this Period 39.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	RETURN CHECK FEE
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

3039.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
DB Victory 2008

A.	Full Name (Last, First, Middle Initial) Capitol Gains, Corp.	Transaction ID: 80814.E34 Date of Disbursement 07 / 11 / 2008
	Mailing Address 150 Alhambra Cir Ste 1220 Suite 1220	Amount of Each Disbursement this Period 3000.00
	City Coral Gables State FL Zip Code 33134-4535	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FUNDRAISING FEES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Capital Strategies	Transaction ID: 80814.E31 Date of Disbursement 07 / 16 / 2008
	Mailing Address PO Box 1605	Amount of Each Disbursement this Period 587.38
	City Alexandria State VA Zip Code 22313-1605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FUNDRAISING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Dark Horse Strategies	Transaction ID: 80814.E32 Date of Disbursement 07 / 08 / 2008
	Mailing Address 782 NW 42nd Ave Ste 447	Amount of Each Disbursement this Period 1500.00
	City Miami State FL Zip Code 33126-5549	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Planning Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	EVENT PLANNING
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	5087.38
TOTAL This Period (last page this line number only)	8126.38