REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (In full)
Citizens United Political Victory Fund

ADDRESS (number and street) ☐ Check if different than previously reported.
11094-D Lee Highway, Suite 200

CITY, STATE and ZIP CODE
Fairfax, VA 22030

2. FEC IDENTIFICATION NUMBER
C00295527

3. ☐ This committee qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election on
_____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period 10/20/94 through 11/27/94		
6. (a) Cash on Hand January 1, 19____		$0.00
(b) Cash on Hand at Beginning of Reporting Period	$21580.16	
(c) Total Receipts (from Line 19)	$3656.75	$49122.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$25216.91	$49122.29
7. Total Disbursements (from Line 30)	$10879.42	$34784.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$14337.49	$14337.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: Kevin Allen

Signature of Treasurer: [signature]

Date: 12/12/94

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

FEC FORM 3X
(Revised 9/93)

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