REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUN 21 P 1:56

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
4101 Chain Bridge Road, Suite 312

CITY, STATE and ZIP CODE
Fairfax, VA 22030

2. FEC IDENTIFICATION NUMBER
C00295527

3. ☒ This committee has 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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 11/01/99 through 11/30/99		
6. (a) Cash on Hand January 1, 19 99		$ 3,178.14
(b) Cash on Hand at Beginning of Reporting Period	$ 6,045.21	
(c) Total Receipts (from Line 19)	$ 9,970.00	$ 41,199.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 16,015.21	$ 44,377.39
7. Total Disbursements (from Line 30)	$ 240.66	$ 28,602.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 15,774.55	$ 15,774.55
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)	$ 12,494.89	

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

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
Kevin Allen

Date
6/21/00

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

FEC FORM 3X
(revised 9/93)

PE8AN064

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Citizens United Political Victory Fund

REPORT COVERING PERIOD FROM 11/01/99 TO: 11/30/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,300.00	4,850.00	11a(i)
ii. Unitemized	8,670.00	36,349.25	11a(ii)
iii. Total (add i and ii) ➤	9,970.00	41,199.25	11a(iii)
b. Political Party Committees	0.00	0.00	11b
c. Other Political Committees (such as PACs)	0.00	0.00	11c
d. Total Contributions (add a (iii), b and c) ➤	9,970.00	41,199.25	11d
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	9,970.00	41,199.25	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	9,970.00	41,199.25	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21a(i)
ii. Non-Federal Share	0.00	0.00	21a(ii)
b. Other Federal Operating Expenditures	240.66	20,102.84	21b
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	21c
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	7,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28a
b. Political Party Committees	0.00	0.00	28b
c. Other Political Committees (such as PACs)	0.00	0.00	28c
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28d
29. Other Disbursements	0.00	1,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	240.66	28,602.84	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	240.66	28,602.84	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	9,970.00	41,199.25	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,970.00	41,199.25	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	240.66	20,102.84	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	240.66	20,102.84	37

FE7/90-97

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11.a.i.

SCHEDULE A **ITEMIZED RECEIPTS**

Itemized Contributions from Individuals

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)

Citizens United Political Victory Fund

A. Full Name, Mailing Address and ZIP Code Gertrude E. Reeb 2525 1st Street, #2007 Fort Myers, FL 33901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation Retired Aggregate Year-to-Date $ 300.00	Date (month, day, year) 11/19/99	Amount of Each Receipt this Period $300.00
B. Full Name, Mailing Address and ZIP Code John L. McCormick PO Box 2846 Fargo, ND 58108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Info. Requested Occupation Info. Requested Aggregate Year-to-Date $ $1,000.00	Date (month, day, year) 11/11/99	Amount of Each Receipt this Period $1,000.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$1,300.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Federal Operating Expenditures

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

PAGE 1 OF 1

FOR LINE NUMBER 21.b

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)

Citizens United Political Victory Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Bank 4501 Daly Drive Chantilly, VA 22021	Return check fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/10/99	$5.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Washington Intelligence Bureau 2727 Merrilee Drive Fairfax, VA 22031	Caging Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/11/99	$235.66
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$240.66

FE9A/064

SCHEDULE D
(Revised 8/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Citizens United Political Victory Fund				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Response Dynamics, Inc. 2070 Chain Bridge Road, Suite 400 Vienna, VA 22182	$1,823.40	0.00	0.00	$1,823.40
Nature of Debt (Purpose): Fundraising agency				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Mid America Printing 101 Juliad Court Fredericksburg, VA 22406	1,264.88	0.00	0.00	$1,264.88
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Direct Response Data Management 1150 International Parkway Fredericksburg, VA 22406	3,062.37	0.00	0.00	$3,062.37
Nature of Debt (Purpose): Laser Printing & Data Entry				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Fulfillment Management Services, Inc. 1150 International Parkway Fredericksburg, VA 22406	5,544.24	0.00	0.00	$5,544.24
Nature of Debt (Purpose): Mailshop - Insert, fold, stamp & mail				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor David N. Bossie 13900 Old Columbia Pike Silver Spring, MD 20904	800.00	0.00	0.00	$800.00
Nature of Debt (Purpose): Independent Expenditure				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Washington Intelligence Bureau 2727 Merrilee Drive Fairfax, VA 22031	235.66	0.00	$235.66	0.00
Nature of Debt (Purpose): Caging				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	$12,494.89
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	$12,494.89

FEBANK64

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 6-21-00
☐	First Class Mail	POSTMARKED
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☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	6-21-00 DATE PREPARED

(4/98)