

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Nancy Pelosi 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="2011"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10816.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15802.00"/>	<input type="text" value="1033973.38"/>
(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="26618.74"/>	<input type="text" value="1033973.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="24985.18"/>	<input type="text" value="1032339.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1633.56"/>	<input type="text" value="1633.56"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Nancy Pelosi 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).....	15800.00	1033967.38
(ii) Unitemized	2.00	6.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15802.00	1033973.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15802.00	1033973.38
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	15802.00	1033973.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15802.00	1033973.38

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	985.18	43339.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	985.18	43339.82
22. Transfers to Affiliated/Other Party Committees.....	24000.00	989000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	24985.18	1032339.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24985.18	1032339.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	15802.00	1033973.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15802.00	1033973.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	985.18	43339.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	985.18	43339.82

**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 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)
A. Robert W. Burnett

Mailing Address 828 Arlington Avenue

City State Zip Code
 Berkeley CA 94707-1927

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

Name of Employer Occupation
 Self-Employed Writer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 17900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2011

Transaction ID : SA11AI-127

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
B. Kathleen C. Barry

Mailing Address 828 Arlington Avenue

City State Zip Code
 Berkeley CA 94707-1927

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

Name of Employer Occupation
 Self-Employed Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 17900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2011

Transaction ID : SA11AI-128

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
C. Kathleen C. Barry

Mailing Address 828 Arlington Avenue

City State Zip Code
 Berkeley CA 94707-1927

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

Name of Employer Occupation
 Self-Employed Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 17900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2011

Transaction ID : SA11AI-137

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00

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 16
<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)
Nancy Pelosi Victory Fund

A. Robert W. Burnett
Full Name (Last, First, Middle Initial)
Mailing Address 828 Arlington Avenue

City Berkeley	State CA	Zip Code 94707-1927
------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Writer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2011

Transaction ID : SA11AI-138

Amount of Each Receipt this Period
2500.00

B. Robert W. Burnett
Full Name (Last, First, Middle Initial)
Mailing Address 828 Arlington Avenue

City Berkeley	State CA	Zip Code 94707-1927
------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Writer
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI-148

Amount of Each Receipt this Period
400.00

C. Kathleen C. Barry
Full Name (Last, First, Middle Initial)
Mailing Address 828 Arlington Avenue

City Berkeley	State CA	Zip Code 94707-1927
------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Consultant
-----------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2011

Transaction ID : SA11AI-149

Amount of Each Receipt this Period
5400.00

SUBTOTAL of Receipts This Page (optional).....▶	8300.00
TOTAL This Period (last page this line number only).....▶	15800.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Generic Cmte. Processing Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2011

Transaction ID : SB21B-125

Amount of Each Disbursement this Period

0.04

Full Name (Last, First, Middle Initial)

B. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2011

Transaction ID : SB21B-120

Amount of Each Disbursement this Period

144.80

Full Name (Last, First, Middle Initial)

C. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2011

Transaction ID : SB21B-121

Amount of Each Disbursement this Period

50.45

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

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

195.29

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**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"/> 24	<input type="checkbox"/> 25	<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)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2011

Transaction ID : SB21B-123

Amount of Each Disbursement this Period

0.35

Full Name (Last, First, Middle Initial)

B. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2011

Transaction ID : SB21B-122

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2011

Transaction ID : SB21B-126

Amount of Each Disbursement this Period

53.05

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

78.40

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"/> 24	<input type="checkbox"/> 25	<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)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Generic Cmte. Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2011

Transaction ID : SB21B-130

Amount of Each Disbursement this Period

0.04

Full Name (Last, First, Middle Initial)

B. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : SB21B-133

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2011

Transaction ID : SB21B-131

Amount of Each Disbursement this Period

25.00

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

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

75.04

**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"/> 24	<input type="checkbox"/> 25	<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)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2011

Transaction ID : SB21B-136

Amount of Each Disbursement this Period

0.35

Full Name (Last, First, Middle Initial)

B. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2011

Transaction ID : SB21B-134

Amount of Each Disbursement this Period

144.80

Full Name (Last, First, Middle Initial)

C. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2011

Transaction ID : SB21B-135

Amount of Each Disbursement this Period

47.95

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

193.10

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"/> 24	<input type="checkbox"/> 25	<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)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2011

Transaction ID : SB21B-139

Amount of Each Disbursement this Period

0.35

Full Name (Last, First, Middle Initial)

B. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2011

Transaction ID : SB21B-141

Amount of Each Disbursement this Period

144.80

Full Name (Last, First, Middle Initial)

C. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2011

Transaction ID : SB21B-140

Amount of Each Disbursement this Period

51.35

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

196.50

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"/> 24	<input type="checkbox"/> 25	<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)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2011

Transaction ID : SB21B-144

Amount of Each Disbursement this Period

0.55

Full Name (Last, First, Middle Initial)

B. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SB21B-142

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2011

Transaction ID : SB21B-145

Amount of Each Disbursement this Period

48.23

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

73.78

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"/> 24	<input type="checkbox"/> 25	<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)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2011

Transaction ID : SB21B-150

Amount of Each Disbursement this Period

4.95

Full Name (Last, First, Middle Initial)

B. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2011

Transaction ID : SB21B-152

Amount of Each Disbursement this Period

0.35

Full Name (Last, First, Middle Initial)

C. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : SB21B-153

Amount of Each Disbursement this Period

167.77

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

173.07

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

985.18

**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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2011

Mailing Address 430 South Capitol Street, SE
2nd Floor

Transaction ID : SB22-132

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

7000.00

Purpose of Disbursement
Transfer

Category/ Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2011

Mailing Address 430 South Capitol Street, SE
2nd Floor

Transaction ID : SB22-143

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Transfer

Category/ Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2011

Mailing Address 430 South Capitol Street, SE
2nd Floor

Transaction ID : SB22-146

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Transfer

Category/ Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

16000.00

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

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**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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name
Nancy Pelosi for Congress

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

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2011

Transaction ID : SB22-147

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Transfer

Candidate Name
Democratic Congressional Campaign Committee

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

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : SB22-151

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

8000.00

24000.00