Image# 13940055644 PAGE 1 / 10

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Us	se Only	
1.	NAME OF COMMITTEE (in full)	YPE OR PR	INT ▼		mple: If typir r the lines.	ng, type	12FE4N	15		
S	Swing State Victory Fur	nd		1 1 1						
_										
AD	DRESS (number and street)	PO Box 810	)2							
ř	Check if different									
ŀ	than previously reported. (ACC)	Chicago					LL.	60680	)	
2.	FEC IDENTIFICATION NUI	MBER ▼	C	ITY 🛦		8	STATE 🛦		ZIP COI	DE 🛦
	C C00507830			IS THIS REPORT		NEW OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b) Monthl Report		b 20 (M2)	N	May 20 (M5)	A	ug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due O		ar 20 (M3)		Jun 20 (M6)	Se	ep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15		Ap	or 20 (M4)		Jul 20 (M7)	0	ct 20 (M10)		Jan 31 (YE)
	Quarterly Report (Q1	) (c) 1	2-Day	П	Primary (12P	)	Gener	al (12G)	П	Runoff (12R)
	July 15 Quarterly Report (Q2	) P	RE-Election	H			1			,
	October 15		eport for the:	Ш	Convention (	12C)	Specia	al (12S)		
	Quarterly Report (Q3  January 31  Year-End Report (YE		Elect	ion on	M M /	D   D /	Y	Y	in the State of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	Р	0-Day  OST-Election		General (30G	a)	Runoff	(30R)		Special (30S)
	Termination Report	H	eport for the:		M = M /	D D /	V   V   V	Y	in the	
	(TER)		Elect	ion on					State of	
5.	Covering Period 01	/ 010	2013	Y	through	M M M	/ D D 31	/ Y Y 201	13	
Ιc	ertify that I have examined this	Report and	to the best of	of my kno	wledge and b	pelief it is true	e, correct a	and complet	te.	
Тур	pe or Print Name of Treasurer	Ann Marie	Habershaw							
Sig	nature of Treasurer Ann Mo	arie Habershav	w		[Electronically	Filed] D	ate 01	M / D		2013
NO	TE: Submission of false, erroned	ous, or incom	plete informati	on mav si	biect the ners	son sianina th	is Report to	the negaltic	es of 2 II	I.S.C. 8437a
0	Office Office	2.20, 31 11100111		ay 30	and porc	organing til				
	Use Only								FOR lev. 12/20	

# SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Swing State Victory Fund 2013 01 2013 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 63888.47 January 1, 2013 (b) Cash on Hand at 63888.47 Beginning of Reporting Period..... 0.00 0.00 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 63888.47 63888.47 6(a) and 6(c) for Column B)..... 63888.47 63888.47 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 0.00 0.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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

Swing	State	Victory	/F	und
CWILIG	Olaic	VIOLOI )	, .	ana

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	3.00	7 7
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	0.00	0.00
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		0.00
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	0.00	0.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
_	0.00	
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)  Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transfers (add 10(a) and 10(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00
Total Fadaval Page 1 to		
. Total Federal Receipts	0.00	222
(subtract Line 18(c) from Line 19) ▶	0.00	0.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures:  (a) Allocated Federal/Non-Federal		Calcildai Tear-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	540.05	540.05
Expenditures	542.95	542.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	542.95	542.95
Transfers to Affiliated/Other Party	042.30	042.00
Committees	63345.52	63345.52
Contributions to		
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
(add Lines 20(a), (b), and (c),		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) III avirall Chave	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	7 7
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	7	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	63888.47	63888.47
T. (5.1.18)		
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	63888.47	63888.47
from Line 31)	05000.47	03000.47

### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	542.95	542.95
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	542.95	542.95

### S ľ

Description   Disbursement   Disb	S	CHEDULE B (FEC Form 3X)		TOTT EINE NOMBETT.							10			
Detailed Summary Pege	ΙT	EMIZED DISBURSEMENTS		\ I	(checl	k only	one)	_	7.65		7.01			7.65
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of saliciting 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)  Swing State Victory Fund  Full Name (Last, First, Middle Initial)  A Bank of America  Mailing Address P.O. Box 27025  City State Zp Code Richmond VA 23281  Purpose of Disbursement Bank ChargesFees  Candidate Name  Category/ Type  State: District  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  State: District  Full Name (Last, First, Middle Initial)  Date of Disbursement  State: District  Full Name (Last, First, Middle Initial)  Date of Disbursement  State: District  Full Name (Last, First, Middle Initial)  Date of Disbursement  Candidate Name  Category/ Type  Diffice Sought: House Primary General Primar					X			<u>,</u>			┙			
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 First)  Swing State Victory Fund  Full Name (Last, First, Middle Initial)  A. Bank of America  Mailing Address P.O. Box 27025  City State Zp Code Richmond VA 23261  Purpose of Disbursement Bank ChargesFees  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Primary General  Primose of Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: State: District: Pull Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: State: District: Pull Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: State: District: Pull Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Disbursement This Period  Disbursement This Period  Category/ Type  Disbursement This Period	Λ-	ay information conied from such Penerte and States	ente may not be cold or	20d b	V 2001					of o			ution	
Full Name (Last, First, Middle Initial)  A. Bank of America  Mailing Address  City  State  Disbursement  Persident  City  State  Disbursement  Date of Disbursement ins Period  Category'  State  Disbursement  Date of Disbursement ins Period  Category'  Type  Disbursement  Date of Disbursement  Transaction ID : S8218-255  Amount of Each Disbursement ins Period  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement ins Period  Category' Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Date of Disbursement  Amount of Each Disbursement  Amount of Each Disbursement ins Period  Category' Type  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Amount of Each Disbursement ins Period  Category' Type  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Amount of Each Disbursement ins Period  Category' Type  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Amount of Each Disbursement ins Period  Category' Type  District:  Sanate Primary General Other (specity)  State:  District:  Substate:  District:  Type  District:  Type  District:  Type  Date of Disbursement ins Period  Category' Type  Date of Disbursement ins Period  Amount of Each Disbursement ins Period  Category' Type  District:  Substate:  District:  Substate:  District:  Type  Di														<b></b>
Full Name (Last, First, Middle Initial)  A. Bank of America  Mailing Address P.O. Box 27025  City State Zip Code VA 23261  Purpose of Disbursement  Bank Charges/Fees  Candidate Name  City State Zip Code Purpose of Disbursement  State: District  Full Name (Last, First, Middle Initial)  State: Disbursement  Candidate Name  Category/ Office Sought: House Primary General Purpose of Disbursement  Candidate Name  Category/ Office Sought: House Senate Primary General Purpose of Disbursement  Candidate Name  Category/ Office Sought: House Senate Primary General Purpose of Disbursement  Candidate Name  Category/ Office Sought: House Senate Primary General Purpose of Disbursement  Candidate Name  Category/ Office Sought: House Senate Primary General Purpose of Disbursement  Candidate Name  Category/ Office Sought: House Senate Primary General Purpose of Disbursement  Candidate Name  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement  Category/ Type  Date of Disbursement this Period  Category/ Type  State: Disbursement  Category/ Type  Date of Disbursement this Period  Category/ Type  State: Disbursement  Category/ Type  Date of Disbursement this Period  Category/ Type  State: Disbursement Por: Senate Primary General Pri		• • •												
A Bank of America  Mailing Address P.O. Box 27025  City State Zip Code VA 23261  Purpose of Disbursement Bank Charges/Fees  Candidate Name  Category/ Type  Office Sought: House Primary General Primary General President State: District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: District:  Full Name (Last, First, Middle Initial)  Category/ Office Sought: Disbursement For: Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: Disbursement Tris Period  Category/ Office Sought: Primary General Primary Gener	$ \rangle$	Swing State Victory Fund												
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Purpose of Disbursement Bank Charges/Fees  Candidate Name  Office Sought: House Senate Primary General Primary General Prosident State: District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Primary General Other (specify) ▼  State: District:  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Primary General Other (specify) ▼  Substotal of Disbursement This Page (optional)							Tra	nsac	tion ID	) : S	B21B-2	:55		
Bank Charges/Fees  Candidate Name  City  Senate President Candidate Name  City  Senate President Candidate Name  Category/ Type  Disbursement For: Senate President Category/ Type  Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Disbursement  Category/ Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: Senate President Candidate Name  Category/ Type  Disbursement For: Senate President Category/ Type  Disbursement For: Category/ Type  Office Sought: Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Category/ Type  Office Sought: Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: Full Name Category/ Type  Office S		Purpose of Disbursement	23201											
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Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Office Sought: House President Other (specify) ▼  Full Name (Last, First, Middle Initial)  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Type  Office Sought: Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement  Category/ Type  Office Sought: House Disbursement For:  Candidate Name  Category/ Type  Office Sought: House Disbursement For:  Senate President Other (specify) ▼  State: District:  Substortal of Disbursement This Pege (optional)		Office Sought: House Disbursen	nent For:		туре				7		- 7			_
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Office Sought: House Disbursement For: Senate President Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Primary General Other (specify)   State: District:  Supart Primary General Primary General Primary General Primary General President State: District:		Candidate Name				y/							-	
Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Primary General  Other (specify)   Senate Primary General  Category/ Type  Office Sought: President Senate Primary General  Other (specify)   Substoctable Other (specify)   Substoctable State: District:		Office Squaht: House Dishurses	ent For					-	7	_	- 7			_
State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Substotal of Disbursements This Page (optional)														
Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General  Other (specify)  State: District:  Subtrotal of Disbursements This Page (optional)		President	,											
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Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Subtrotal of Disbursements This Page (optional)	C.	Full Name (Last, First, Middle Initial)					Date	of D	ishurs	eme	nt			
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Substitute: State: Disbursements This Page (optional)	٠.											YY	■ Y	
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Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substruct: Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Finally General Other (specify) ▼		City	State Zip Code											
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)														
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAG	E 7	OF 10	)
ITEMIZED DISBURSEMENTS	Use separate s		(check on	only one)					
	for each catego Detailed Summa		21b	X 22	23	24	25	26	3
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or for commercial purposes, other than using the nan	ne and address of	any political	committee t	o solicit cor	ntributions f	rom such	commit	tee.	
NAME OF COMMITTEE (In Full)									
Swing State Victory Fund									
Full Name (Last, First, Middle Initial)									
A. Colorado Democratic Party				Date of	Disbursem	nent			
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Mailing Address 777 Santa Fe Drive				01	16		2013		
City	State Zip (	20de							
Denver	CO 8020			Trans	action ID :	SB22-25	3		
Purpose of Disbursement		, .   _		+					
Transfers to Affiliates				Amount	of Each D	isbursem	ent this	Period	
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Colorado Democratic Party		'	Category/ Type		-		823	3.41	
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Senate	Primary	General							
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Full Name (Last, First, Middle Initial)									
B. Iowa Democratic Party				Date of	Disbursem	nent			
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Mailing Address 5661 Fleur Drive				01	16	┚┕	2013		
•	State Zip (			Trans	action ID :	SB22-25	1		
Des Moines	State Zip ( FL 5032			Trans	action ID :	SB22-25	1		
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Des Moines Purpose of Disbursement Transfers to Affiliates  Candidate Name Iowa Democratic Party Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Michigan Democratic State Centra  Mailing Address 606 Townsend Street  City	nent For: Primary Other (specify)  Committee	General Code		Date of	of Each D	nent	ent this 606.	2.62	]
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SCHEDULE B (FEC Form 3X)	Llee sees	ata aaba dula (-)	FOR LINE (check only			PAG	iE 8	OF '		
ITEMIZED DISBURSEMENTS	lor each category of the						724 725 7			
		ummary Page	21b 27	22 28a	23 28b	24 28c	25 29			
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NAME OF COMMITTEE (In Full)		c. a., ponto		20						
Swing State Victory Fund										
Full Name (Last, First, Middle Initial)										
A. North Carolina Democratic Party - I	Federal			Date of	Disburse /		YYY	Y		
Mailing Address 220 Hillsborough Street				01	1	6	2013	_		
,		Zip Code		Trans	action ID	: SB22-24	7			
Raleigh Purpose of Disbursement	NC	27603					-			
Transfers to Affiliates				Amount	of Each	Disbursem	ent this	Period		
Candidate Name  North Carolina Democratic Party - F	-ederal		Category/ Type				752	25.38		
Office Sought: House Disbursem			туре		-	,				
Senate	Primary Other (specif	General fy) ▼								
State: District:										
Full Name (Last, First, Middle Initial)				Б	Dist					
B. New Hampshire Democratic Party					Disburse					
Mailing Address 2 1/2 Beacon St.				01	/ D	16 Y	2013	Y		
City	State	Zip Code		Trans	action In	) : SB22-24	1			
0000.0	NH	03301		irans	action IL	. 3DZZ-Z4	4			
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Candidate Name			Category/				26	10.09		
New Hampshire Democratic Party			Type		- 7	7	30	10.09		
President	nent For: Primary Other (specif	General y) ▼								
State: District:										
Full Name (Last, First, Middle Initial)  C. Nevada State Democratic Party				Date of	Disburse	ement				
Mailing Address 409 Horn Street				01	/ D	6 Y	2013	Y		
City	State	Zip Code								
Las Vegas	NV	89107		Trans	action ID	) : SB22-25	4			
Purpose of Disbursement Transfers to Affiliates			· · ·	Amount	of Each	Disbursem	ent this	Period		
Candidate Name			Category/	-			0046			
Nevada State Democratic Party			Type		-,-		3312	26.19		
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SUBTOTAL of Disbursements This Page (optional)			······		-,-	,	4426	1.66		
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Swing State Victory Fund			
Full Name (Last, First, Middle Initial)  A. Ohio Democratic Party  Mailing Address 340 East Fulton Street			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code OH 43215		Transaction ID : SB22-246
Candidate Name  Ohio Democratic Party  Office Sought: House Disbursen  Senate	nent For: Primary General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period  5351.93
Full Name (Last, First, Middle Initial)  B. Pennsylvania Democratic Party  Mailing Address 300 North Second Street Eighth Floor			Date of Disbursement  O1
<u> </u>	State Zip Code PA 17101	Category/ Type	Transaction ID : SB22-245  Amount of Each Disbursement this Period  924.12
Senate President State: District:	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. Democratic Party of Virginia  Mailing Address 1710 East Franklin Street			Date of Disbursement  M M / D D / Y Y Y Y Y  O1 16 2013
,	State Zip Code VA 23223		Transaction ID : SB22-248  Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼	Category/ Type	254.29
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SCHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER:			PA	GE 10	OF	10
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or for commercial purposes, other than using the name	ne and add	ress of any polition	cal comr	mittee to	solicit cor	ntributio	ons fi	om suc	h comm	ittee.	
NAME OF COMMITTEE (In Full)											
Swing State Victory Fund											
Full Name (Last, First, Middle Initial)											
A. Democratic Party of Wisconsin					Date of	f Disbu	rsem	ent			
					M = M	/ [	D D	/ Y	YY	Y	
Mailing Address 110 King Street					01	J L	16		2013		
Suite 203 City	State	Zip Code									
Madison	WI	53703			Trans	action	ID:	SB22-2	52		
Purpose of Disbursement		00700									
Transfers to Affiliates				. 11	Amount	t of Ea	ch D	sburser	nent this	s Perio	od
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Democratic Party of Wisconsin			Cateo Typ						1	13.95	
Office Sought: House Disburser	ment For:	ı									
Senate	Primary	General									
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Full Name (Last, First, Middle Initial)											
B. Florida Democratic Party					Date of	f Disbu	rsem	ent			
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Mailing Address 214 S. Bronough St.					01	J L	16	J L	2013		
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•	State	Zip Code			Trans	action	ID:	SB22-2	19		
Tallahasse	State FL	Zip Code 32301			Trans	action	ID :	SB22-2	19		
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Tallahasse Purpose of Disbursement Transfers to Affiliates  Candidate Name Florida Democratic Party  Office Sought: House Senate President State: District:	ment For:	32301 General			Amount	t of Ea	ch D	sburser	nent this	373.47	
Tallahasse Purpose of Disbursement Transfers to Affiliates  Candidate Name Florida Democratic Party  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address	ment For: Primary Other (spe	32301  General cify)			Amount	t of Ea	ch D	sburser	nent this	373.47	
Tallahasse Purpose of Disbursement Transfers to Affiliates  Candidate Name Florida Democratic Party  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address	ment For:	32301 General			Amount	t of Ea	ch D	sburser	nent this	373.47	
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Tallahasse Purpose of Disbursement Transfers to Affiliates  Candidate Name Florida Democratic Party  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Senate  Disburser  Senate  Disburser	ment For: Primary Other (spe	32301  General  Zip Code  General	Tyr	gory/	Date of	f Disbu	rsem	sburser	nent this	373.47	
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