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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use Only	/
1.	NAME OF COMMITTEE (in full)	YPE OR P	RINT ▼		mple: If typir the lines.	ng, type	12FE4M5		
٨	Mimi Walters Victory Fu	ınd							1
_									
AD	DRESS (number and street)	38 Execut	ive Park, Suite	390					
r	Check if different								
ŀ	than previously reported. (ACC)	Irvine					CA	92614	
2.	FEC IDENTIFICATION NUI	MBER ▼		CITY 🛦		5	STATE 🛦	ZIP C	CODE A
	C C00564674		3.	IS THIS REPORT		IEW N) OR	AM (A	MENDED)	
4.	TYPE OF REPORT (Choose One)	(b) Mont	rt 🔲 '	eb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due		lar 20 (M3)		lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	_		А	pr 20 (M4)		lul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
	April 15 Quarterly Report (Q1) (c)	12-Day	П	Primary (12P)	General	(12G)	Runoff (12R)
	July 15 Quarterly Report (Q2) i	PRE-Election				1		
	October 15		Report for the:	Ш	Convention (12C)	Special	(12S)	
	Quarterly Report (Q3 January 31 Year-End Report (YE		Elec	ction on	M = M /	D D /	Y	in the	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Election		General (300	i)	Runoff (30R)	Special (30S)
	Termination Report		Report for the:		M = M /	D D /	V . V . V . V	tur ala	
	L (TER)		Elec	ction on	M - M /			in the State	
5.	Covering Period 01	/ 01	2014		through	06 <u></u>	30	2014	
Ιc	ertify that I have examined this	Report ar	d to the best	of my knov	wledge and b	elief it is tru	e, correct an	d complete.	
Type or Print Name of Treasurer Jen Slater									
Sig	gnature of Treasurer Jen Sta	ter			[Electronically	Filed] D	ate 07	10	2014
NC	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	Ī	· ·			3 3 1		FEC FO	
	Use Only							Rev. 12	

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Mimi Walters Victory Fund 01 2014 06 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 500.00 500.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 500.00 500.00 6(a) and 6(c) for Column B)..... 0.00 0.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 500.00 500.00 (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 500.00 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

Mimi	Walters	Victory	/ Fund
	VVGILOIO	VICTOR	, , а,,а

Re		01 01 2014 To:	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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	0.00	0.00
	(i) Itemized (use Schedule A)	0.00	0.00
	(") 11-11 1	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0.00	0.00
	Lines II(a)(i) and (ii)	, 0.00	, , ,
	(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	0.00	0.00
	Totals to Line 33, page 5)▶	0.00	0.00
	Transfers From Affiliated/Other	0.00	0.00
	Party Committees	0.00	0.00
13	All Loans Received	500.00	500.00
10.	7 II 250115 110001700		
14	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		7 7
	(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
	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
	(nom conocato rio)		0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(b) Levin rande (nom conedate rie)		7 1 1 7 1 1 7
	(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))▶	500.00	500.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	500.00	500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	federal/Non-Federal	Total Tillo I Gilou	סמופוזעמו ופמו-נט-טמנפ
	from Schedule H4)	0.00	0.00
(i) Fed	eral Share	0.00	0.00
` '	-Federal Share	0.00	0.00
	ederal Operating	0.00	0.00
-	ures erating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Transfers to	Affiliated/Other Party		
Contributions		0.00	0.00
and Other Po	didates/Committees	0.00	0.00
Independent	Expenditures e E)	0.00	0.00
Coordinated	Party Expenditures	7 7	
(2 U.S.C. §44 (use Schedul	41a(d))	0.00	0.00
Loan Repayn	nents Made	0.00	0.00
		0.00	0.00
Refunds of C	Contributions To:	0.00	0.00
Than Po	als/Persons Other litical Committees	0.00	0.00
(b) Political	Party Committees	0.00	0.00
	olitical Committees		0.00
(such as	s PACs)	0.00	0.00
(d) Total Co	ntribution Refunds		
(add Line	es 28(a), (b), and (c)) ▶	0.00	0.00
Other Disburs	sements	0.00	0.00
Foderal Floot	ion Activity (2 U.S.C. §431(20))		
	d Federal Election Activity		
	hedule H6)	200	0.00
(i) Feder	al Share	0.00	0.00
(ii) "Levi	n" Share	0.00	0.00
	Election Activity Paid Entirely	0.00	0.00
	n Federal Fundsderal Election Activity (add	0.00	0.00
Lines 30	0(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disburs	ements (add Lines 21(c), 22,		
	6, 27, 28(d), 29 and 30(c))	0.00	0.00
Total Federal	Disbursements		
	e 21(a)(ii) and Line 30(a)(ii)	1.00	
from Line 31))▶	0.00	0.00

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))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE N	NUMBER:	PAGE	6 OF	- 7
Use separate schedule(s) for each category of the	(check only	one)			
Detailed Summary Page	11a	11b	11c	12	
,	X 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) Mimi Walters Victory Fund Full Name (Last, First, Middle Initial) Walters for Congress Date of Receipt Mailing Address 8001 Irvine Center Drive, #400 20 2014 City Zip Code State Transaction ID: PAYA3 CA 92618 Irvine Amount of Each Receipt this Period FEC ID number of contributing 500.00 C00546853 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

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

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

_	7			7		500.00
						500.00
-	7	-	-	7	-	300.00

SCHEDULE C (FEC Form 3X)

LOANS

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

OF 7 PAGE 7 FOR LINE 13 OF FORM 3X

	Botanoa caninary rago					
IAME OF COMMITTEE (In Full)	Transaction ID : PAYC3					
Mimi Walters Victory Fund						
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:					
Walters for Congress	Primary					
Transition of Congress	General					
Mailing Address	Other (specify)					
Mailing Address 8001 Irvine Center Drive, #400	Other (speelily)					
City Irvine State CA ZIF	Code 92618					
Original Amount of Loan Cumulative Paymer	tt To Date Balance Outstanding at Close of This Period					
500.00	0.00 500.00					
300.00	300.00					
TERMS Date Incurred Date I	Due Interest Rate Secured:					
Man / Dad / Yayayay Man / Dad /						
06 20 2014	v. None 0.00 % (apr) Yes No					
List All Endorsers or Guarantors (if any) to Loan Source						
1. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed					
Only State 211 South	Outstanding:					
2. Full Name (Last, First, Middle Initial)	Name of Employer					
A T						
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed					
,	Outstanding:					
3. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
ivialing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed					
	Outstanding:					
4. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
3						
	Amount					
City State ZIP Code	Guaranteed					
	Outstanding:					
SUBTOTALS This Period This Page (optional)						
CODICIALO TINO I CITOU TINO I age (optional)						
TOTALS This Period (last page in this line only)	500.00					
Carry outstanding balance only to LINE 3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary.					