

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 TEA PARTY VICTORY FUND

ADDRESS (number and street) 2776 S. ARLINGTON MILL DR #806 ATTN: SCOTT B. MACKENZIE ARLINGTON VA 22206

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00491290

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
[X] January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

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 SCOTT B MACKENZIE

Signature of Treasurer SCOTT B MACKENZIE [Electronically Filed] Date 01 / 24 / 2015

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

Table with 10 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TEA PARTY 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="2014"/>	<input type="text" value="2924.35"/>	<input type="text" value="2924.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11007.68"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7659.00"/>	<input type="text" value="78833.68"/>
(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="18666.68"/>	<input type="text" value="81758.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2936.42"/>	<input type="text" value="66027.77"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15730.26"/>	<input type="text" value="15730.26"/>
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="8300.00"/>	

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

Write or Type Committee Name

TEA PARTY 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).....	715.00	6300.00
(ii) Unitemized	6944.00	67533.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7659.00	73833.68
(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)	7659.00	73833.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	5000.00
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))..... ▶	7659.00	78833.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7659.00	78833.68

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
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	2936.42	50527.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2936.42	50527.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	15500.00
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)) ..	2936.42	66027.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2936.42	66027.77

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)	7659.00	73833.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7659.00	73833.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2936.42	50527.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2936.42	50527.77

**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 6 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)
TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial) A. MR JACK CASEY 801		Date of Receipt
Mailing Address 5868 S LOGAN ST		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City State Zip Code LITTLETON CO 80121		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.23340
Name of Employer Occupation NONE RETIRED		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="100.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) B. MR RAYMOND N FINK 488		Date of Receipt
Mailing Address PO BOX 134		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City State Zip Code WILLIAMSTON MI 48895		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.23411
Name of Employer Occupation NONE RETIRED		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="50.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="290.00"/>		

Full Name (Last, First, Middle Initial) C. MR STEPHEN HANNAH 914		Date of Receipt
Mailing Address PO BOX 56654		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City State Zip Code SHERMAN OAKS CA 91413		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.23446
Name of Employer Occupation NONE Retired		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="100.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY VICTORY FUND

A. MS PAULINE B JONES 801
 Full Name (Last, First, Middle Initial)
 Mailing Address 3091 MILL VISTA RD
 City LITTLETON State CO Zip Code 80129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2014
Transaction ID : SA11AI.23484
 Amount of Each Receipt this Period
 200.00

B. MR DAVID A KAHL 432
 Full Name (Last, First, Middle Initial)
 Mailing Address 1240 NEWBURY DR
 City COLUMBUS State OH Zip Code 43229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2014
Transaction ID : SA11AI.23487
 Amount of Each Receipt this Period
 35.00

C. MR KEVIN RIELY 212
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 SHELBOURNE RD
 City HALETHORPE State MD Zip Code 21227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2014
Transaction ID : SA11AI.23604
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	285.00
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:	PAGE 8 OF 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY VICTORY FUND

A. MR JAMES P SMITH 454 SR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5517 ANNE LANE
 City DAYTON State OH Zip Code 45459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation PHYSICIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.23713
 Amount of Each Receipt this Period
 25.00

B. MRS CHARLOTTE E VAN HOOK 600
 Full Name (Last, First, Middle Initial)
 Mailing Address 292 HANLON RD
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PRITZKER GROUP Occupation INVESTMENT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.23647
 Amount of Each Receipt this Period
 155.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	715.00

**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)
TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. CLIENT FIRST CONSULTING GROUP LLC

Mailing Address 385 AVERY LN

City MEDINA State OH Zip Code 44256

Purpose of Disbursement
PAC FUNDRAISING CALLS

003

Candidate Name
TEA PARTY VICTORY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2014

Transaction ID : SB21B.23714

Amount of Each Disbursement this Period

1700.00

Full Name (Last, First, Middle Initial)

B. CLIENT FIRST CONSULTING GROUP LLC

Mailing Address 385 AVERY LN

City MEDINA State OH Zip Code 44256

Purpose of Disbursement
PAC FUNDRAISING CALLS

003

Candidate Name
TEA PARTY VICTORY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2014

Transaction ID : SB21B.23715

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRST MERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
BANK FEE

001

Candidate Name
TEA PARTY VICTORY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2014

Transaction ID : SB21B.23255

Amount of Each Disbursement this Period

2.32

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

1902.32

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)
TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRST MERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
BANK FEE

001

Candidate Name
TEA PARTY VICTORY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2014

Transaction ID : SB21B.23256

Amount of Each Disbursement this Period

1.60

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRST MERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
BANK FEE

001

Candidate Name
TEA PARTY VICTORY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Transaction ID : SB21B.23257

Amount of Each Disbursement this Period

101.77

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRST MERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
BANK FEE

001

Candidate Name
TEA PARTY VICTORY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Transaction ID : SB21B.23258

Amount of Each Disbursement this Period

2.99

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

106.36

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)
TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial) A. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 12 / 08 / 2014
Mailing Address 295 FIRST MERIT CIRCLE		Transaction ID : SB21B.23259
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 3.50	
Purpose of Disbursement BANK FEE	Category/Type 001	
Candidate Name TEA PARTY VICTORY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 12 / 08 / 2014
Mailing Address 295 FIRST MERIT CIRCLE		Transaction ID : SB21B.23260
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 2.03	
Purpose of Disbursement BANK FEE	Category/Type 001	
Candidate Name TEA PARTY VICTORY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST MERIT BANK		Date of Disbursement MM / DD / YYYY 12 / 08 / 2014
Mailing Address 295 FIRST MERIT CIRCLE		Transaction ID : SB21B.23261
City AKRON State OH Zip Code 44307	Amount of Each Disbursement this Period 1.16	
Purpose of Disbursement BANK FEE	Category/Type 001	
Candidate Name TEA PARTY VICTORY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	6.69
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)
TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRST MERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
BANK FEE

001

Candidate Name
TEA PARTY VICTORY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014

Transaction ID : SB21B.23262

Amount of Each Disbursement this Period

1.60

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRST MERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
BANK FEE

001

Candidate Name
TEA PARTY VICTORY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : SB21B.23263

Amount of Each Disbursement this Period

0.87

Full Name (Last, First, Middle Initial)

C. FIRST MERIT BANK

Mailing Address 295 FIRST MERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
CREDIT CARD PROCESSING

001

Candidate Name
TEA PARTY VICTORY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : SB21B.23705

Amount of Each Disbursement this Period

884.86

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

887.33

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

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)
TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. TRANSAXT LLC

Mailing Address 190 MONROE STREET
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
DONATION PROCESSING

Category/
Type

Candidate Name
TEA PARTY VICTORY FUND

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

Date of Disbursement

/ /

Transaction ID : SB21B.23707

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **TEA PARTY VICTORY FUND** Transaction ID : **SC/10.19993**

LOAN SOURCE Full Name (Last, First, Middle Initial) SCOTT B MACKENZIE	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2776 S. ARLINGTON MILL DR #806	
City ARLINGTON State VA ZIP Code 22206	

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate: % (apr)

Secured: 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
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="5000.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text" value="5000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 15
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
TEA PARTY VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CLIENT FIRST CONSULTING GROUP LLC	Nature of Debt (Purpose): FUNDRAISING & VOTER CONTACT CALLS
Mailing Address 385 AVERY LN	
City State Zip Code MEDINA OH 44256	

Outstanding Balance Beginning This Period <input type="text" value="5200.00"/>	Transaction ID : SD10.20024	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1900.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3300.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
-------------------------------------------------------------------	-----------------------------------------------------	---------------------------------------------	---------------------------------------------------------------------

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
-------------------------------------------------------------------	-----------------------------------------------------	---------------------------------------------	---------------------------------------------------------------------

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3300.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="3300.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="5000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="8300.00"/>