

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED SECRETARY OF STATE

14 OCT 10 PM 12:22 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Delaware Hawaii Victory Fund

ADDRESS (number and street)

600 Pennsylvania Ave SE, Ste 210



Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00558015

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)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)

Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY 07 / 01 / 2014

through

MM / DD / YYYY 09 / 30 / 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 Judith Zamore

Signature of Treasurer

Handwritten signature of Judith Zamore

Date

MM / DD / YYYY 10 / 10 / 2014

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 Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Delaware Hawaii Victory Fund

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2014

To:

MM / DD / YYYY
09 / 30 / 2014

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).. | 1,000.00 | 24,250.00 |
| (b) Total Contribution Refunds (from Line 20(d)) .. | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))... | 1,000.00 | 24,250.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) .. | 32.08 | 3,189.40 |
| (b) Total Offsets to Operating Expenditures (from Line 14) .. | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))... | 32.08 | 3,189.40 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) .. | 0.00 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .. | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .. | 0.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14020741702

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Delaware Hawaii Victory Fund

Report Covering the Period: From:

| | |
|----|---|
| M | M |
| 07 | |

 /

| | |
|----|---|
| D | D |
| 01 | |

 /

| | | | | | |
|---|---|---|---|---|---|
| Y | Y | Y | Y | Y | Y |
| 2 | 0 | 1 | 4 | | |

 To:

| | |
|----|---|
| M | M |
| 09 | |

 /

| | |
|----|---|
| D | D |
| 30 | |

 /

| | | | | | |
|---|---|---|---|---|---|
| Y | Y | Y | Y | Y | Y |
| 2 | 0 | 1 | 4 | | |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

1,000.00

24,250.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL of contributions from individuals .

1,000.00

24,250.00

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs) ..

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

1,000.00

24,250.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

0.00

0.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

1,000.00

24,250.00

14020741703

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES .. | 32.08 | 3,189.40 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .. | 1,935.60 | 21,060.60 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate .. | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) .. | 0.00 | 0.00 |
| 20. 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 20(a), (b), and (c)) .. | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 1,967.68 | 24,250.00 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .. | 967.68 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) .. | 1,000.00 |
| 25. SUBTOTAL (add Line 23 and Line 24) .. | 1,967.68 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) .. | 1,967.68 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) .. | 0.00 |

14020741704

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

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

FOR LINE NUMBER: PAGE 1 OF 1

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|

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)
Delaware Hawaii Victory Fund

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Floyd Abrams | | Date of Receipt M - M / D - D / Y - Y 07 / 01 / 2014 |
| Mailing Address 80 Pine St City State Zip Code New York, NY 10005 | | Amount of Each Receipt this Period 1,000.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Cahill Gordon | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1,000.00 | |

| | | |
|---|------------------------|--|
| Full Name (Last, First, Middle Initial) B. | | Date of Receipt M - M / D - D / Y - Y - Y |
| Mailing Address City State Zip Code | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | | |
|---|------------------------|--------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt M - M / Y - Y - Y |
| Mailing Address City State Zip Code | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 1,000.00 |
| TOTAL This Period (last page this line number only)..... | 1,000.00 |

14020741705

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)
Delaware Hawaii Victory Fund

A.

Full Name (Last, First, Middle Initial)
Chris Coons for Delaware

Date of Disbursement
M M / D D / Y Y - Y Y
09 / 09 / 2014

Mailing Address
19 E Commons Blvd

City State Zip Code
New Castle, DE 19714

Purpose of Disbursement
Transfer

Amount of Each Disbursement this Period
922.50

Candidate Name
Christopher Coons

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: DE District:

B.

Full Name (Last, First, Middle Initial)
Schatz for Senate

Date of Disbursement
M M / D D / Y Y - Y Y
09 / 09 / 2014

Mailing Address
PO Box 3828

City State Zip Code
Honolulu, HI 96812

Purpose of Disbursement
Transfer

Amount of Each Disbursement this Period
1,013.10

Candidate Name
Brian Schatz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: HI District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement
M M / D D / Y Y - Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)..... 1,935.60

TOTAL This Period (last page this line number only)..... 32.08

14020741706

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

10-10-14
Date of Receipt

USPS FIRST CLASS MAIL

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

_____ Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX

_____ Date of Receipt

OTHER

_____ Date of Receipt or Postmark

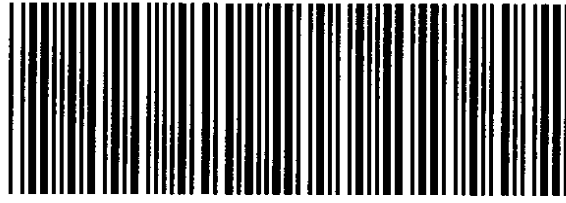
PREPARER

DH

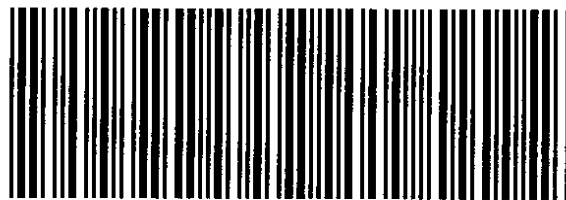
DATE PREPARED

10-10-14

14020741707



SEN PATCH



SEN PATCH

14020741708