



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**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="81025.11"/>	<input type="text" value="81025.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="591793.45"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32009.33"/>	<input type="text" value="1357635.15"/>
(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="623802.78"/>	<input type="text" value="1438660.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="297902.04"/>	<input type="text" value="1112759.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="325900.74"/>	<input type="text" value="325900.74"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	

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

**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).....	31000	1318500
(ii) Unitemized .....	0	100
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31000	1318600
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	36000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	31000	1354600
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1000	3000
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	9.33	35.15
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5) .....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	32009.33	1357635.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32009.33	1357635.15

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	36204.71	291771.8
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36204.71	291771.8
22. Transfers to Affiliated/Other Party Committees.....	261697.33	773387.72
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	17600
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	30000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	47600
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	297902.04	1112759.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	297902.04	1112759.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	31000	1354600
34. Total Contribution Refunds (from Line 28(d)) .....	0	47600
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31000	1307000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	36204.71	291771.8
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1000	3000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35204.71	288771.8

**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)	
<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"/> 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)  
**Victory Fund**

**A. Henry H Harrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 25099  
 City Richmond State VA Zip Code 23260-5099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 03 / 2014**  
**Transaction ID : 328-3658-c**  
 Amount of Each Receipt this Period  
**1000**

**B. Christopher A. Viehbacher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4708 Wynneford Way  
 City Raleigh State NC Zip Code 27614-9495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sanofi Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 05 / 2014**  
**Transaction ID : 2147-3660-c**  
 Amount of Each Receipt this Period  
**5000**

**C. Stephen J. Hemsley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 Ferndale Road W  
 City Wayzata State MN Zip Code 55391-9628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **10000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 06 / 2014**  
**Transaction ID : 2847-3661-c**  
 Amount of Each Receipt this Period  
**10000**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>16000.00</b>
<b>TOTAL</b> 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 7 OF 16  
(check only one)

<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)  
**Victory Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Gary Fenchuk**

Mailing Address 13704 Beechwood Point Road

City Midlothian State VA Zip Code 23112-2529

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

Name of Employer East West Partners Occupation Real Estate Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : 623-3662-c**

Amount of Each Receipt this Period  
**15000**

**B.** 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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>15000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>31000.00</b>

**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 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Victory Fund**

**A. Tuckahoe Woman's Club**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4215 Dover Road  
 City Richmond State VA Zip Code 23221-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2014  
**Transaction ID : 2814-3659-e**  
 Amount of Each Receipt this Period  
 1000  
 Refund of 4/11/14 Rental Deposit

**B.**  
 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

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00



**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)  
**Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Creative Direct LLC**

Mailing Address 25 E Main Street

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement  
VF Office Rent

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-1635-3695-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Creative Direct LLC**

Mailing Address 25 E Main Street

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement  
VF Parking

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-1635-3696-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Suntrust Merchant Services, LLC**

Mailing Address 4000 Coral Ridge Drive

City Coral Springs State FL Zip Code 33065-7614

Purpose of Disbursement  
VF Credit Card Processing Fees

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-2194-3692-e**

Amount of Each Disbursement this Period

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

**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)

**Victory Fund**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address 200 Vesey Street

City New York State NY Zip Code 10285-1000

Purpose of Disbursement  
VF Credit Card Charges

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

Transaction ID : SB21B-1671-3703-e

Amount of Each Disbursement this Period

3297.36

Full Name (Last, First, Middle Initial)

**B. Aristotle International, Inc.**

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
VF Software

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2014

Transaction ID : SB21B-1944-2148-V

Amount of Each Disbursement this Period

1200

**[MEMO ITEM]**

Subitemization of American Express ( 06/18/14 )

Full Name (Last, First, Middle Initial)

**C. Intuit**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043-1126

Purpose of Disbursement  
VF Software

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2014

Transaction ID : SB21B-2237-2150-V

Amount of Each Disbursement this Period

9.95

**[MEMO ITEM]**

Subitemization of American Express ( 06/18/14 )

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

3297.36

**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)  
**Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Westin Hotel**

Mailing Address 6631 W Broad Street

City Richmond State VA Zip Code 23230-1723

Purpose of Disbursement  
VF Food & Beverages

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

Transaction ID : SB21B-2783-2155-V

Amount of Each Disbursement this Period

138.57

[MEMO ITEM]

Subitemization of American Express ( 06/18/14 )

Full Name (Last, First, Middle Initial)

**B. The Belvedere**

Mailing Address 9882 Santa Monica Boulevard

City Beverly Hills State CA Zip Code 90212-1605

Purpose of Disbursement  
VF Food & Beverages

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2014

Transaction ID : SB21B-2462-2157-V

Amount of Each Disbursement this Period

316.96

[MEMO ITEM]

Subitemization of American Express ( 06/18/14 )

Full Name (Last, First, Middle Initial)

**C. Highlands Bar and Grill**

Mailing Address 2011 11th Avenue S

City Birmingham State AL Zip Code 35205-2801

Purpose of Disbursement  
VF Food & Beverages

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2014

Transaction ID : SB21B-2703-2159-V

Amount of Each Disbursement this Period

660

[MEMO ITEM]

Subitemization of American Express ( 06/18/14 )

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

0.00

**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)  
**Victory Fund**

Full Name (Last, First, Middle Initial)

**A. St. Regis Hotel**

Mailing Address 2 E 55th Street

City New York State NY Zip Code 10022-3103

Purpose of Disbursement  
VF Food & Beverages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2014

Transaction ID : SB21B-1199-2156-V

Amount of Each Disbursement this Period

310.84

[MEMO ITEM]

Subitemization of American Express ( 06/18/14 )

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 3540 Pump Road

City Glen Allen State VA Zip Code 23059

Purpose of Disbursement  
VF Name Badge Clips/Folders

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2014

Transaction ID : SB21B-1215-2149-V

Amount of Each Disbursement this Period

219.61

[MEMO ITEM]

Subitemization of American Express ( 06/18/14 )

Full Name (Last, First, Middle Initial)

**C. idonatepro**

Mailing Address 2033 San Elijo Avenue  
# 203

City Cardiff By The Sea State CA Zip Code 92007-1726

Purpose of Disbursement  
VF Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2014

Transaction ID : SB21B-2075-2153-V

Amount of Each Disbursement this Period

250

[MEMO ITEM]

Subitemization of American Express ( 06/18/14 )

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

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

0.00

**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)  
**Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Fedex**

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120-4117

Purpose of Disbursement  
VF Copies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2014

Transaction ID : SB21B-1333-2151-V

Amount of Each Disbursement this Period

66.01

[MEMO ITEM]

Subitemization of American Express ( 06/18/14 )

Full Name (Last, First, Middle Initial)

**B. Fedex**

Mailing Address 942 S Shady Grove Road

City Memphis State TN Zip Code 38120-4117

Purpose of Disbursement  
VF Overnight Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2014

Transaction ID : SB21B-1333-2152-V

Amount of Each Disbursement this Period

34.53

[MEMO ITEM]

Subitemization of American Express ( 06/18/14 )

Full Name (Last, First, Middle Initial)

**C. Sandler & Associates**

Mailing Address 1600 Normandy Road

City Clawson State MI Zip Code 48017-1826

Purpose of Disbursement  
VF Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2014

Transaction ID : SB21B-1356-3693-e

Amount of Each Disbursement this Period

10240

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

10240.00

**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)  
**Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Wiley Rein LLP**

Mailing Address 1776 K Street NW

City Washington State DC Zip Code 20006-2304

Purpose of Disbursement  
VF Legal Services

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-1707-3698-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Cathy Blaney & Assoc**

Mailing Address 150 Broadway

City New York State NY Zip Code 10038-4381

Purpose of Disbursement  
VF Fundraising Consulting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-1355-3694-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Kristin M. Young**

Mailing Address 12407 Tiverton Lane

City Glen Allen State VA Zip Code 23059-7017

Purpose of Disbursement  
VF Payroll

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B-1209-3699-e**

Amount of Each Disbursement this Period

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

**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)  
**Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Melissa Nelson**

Mailing Address 977 Gorham Court

City Midlothian State VA Zip Code 23114-4648

Purpose of Disbursement  
VF Payroll

**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  
06 / 30 / 2014

**Transaction ID : SB21B-1713-3700-e**

Amount of Each Disbursement this Period

7964

Full Name (Last, First, Middle Initial)

**B. Rose Ann Janis**

Mailing Address 5005 Amberwood Drive

City Glen Allen State VA Zip Code 23059-7530

Purpose of Disbursement  
VF Payroll

**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  
06 / 30 / 2014

**Transaction ID : SB21B-982-3701-e**

Amount of Each Disbursement this Period

2649.12

Full Name (Last, First, Middle Initial)

**C. William C. Cole**

Mailing Address 301 S Boulevard  
Apt. 5

City Richmond State VA Zip Code 23220-5764

Purpose of Disbursement  
VF Payroll

**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  
06 / 30 / 2014

**Transaction ID : SB21B-2733-3702-e**

Amount of Each Disbursement this Period

1841.96

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

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

12455.08

36198.71

**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)  
**Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Cantor for Congress**

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226-7813

Purpose of Disbursement  
Transfer to Joint Fundraising Participant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB22-984-3704-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. 7th District Republican Committee**

Mailing Address 25 E Main Street

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement  
Transfer to Joint Fundraising Participant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB22-986-3705-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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