

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines
Majority Victory Fund (Adams, Canseco, Crawford, Guinta, Ribble)

ADDRESS (number and street) 25 E Main Street
Check if different than previously reported. (ACC) Richmond VA 23219-2109

2. FEC IDENTIFICATION NUMBER C00493791
3. IS THIS REPORT [X] NEW (N) OR [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff
(d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2011 through 06 30 2011

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 Rose Ann Janis
Signature of Treasurer Electronically Filed by Rose Ann Janis Date 07 27 2011

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 table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Majority Victory Fund (Adams, Canseco, Crawford, Guinta, Ribble)

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="2011"/>		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	0.00	
(c) Total Receipts (from Line 19) .....	46200.00	46200.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	46200.00	46200.00
7. Total Disbursements (from Line 31) .....	46110.00	46110.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	90.00	90.00
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

Majority Victory Fund (Adams, Canseco, Crawford, Guinta, Ribble)

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) .....	0.00	0.00
(ii) Unitemized .....	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	200.00	200.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	46000.00	46000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	46200.00	46200.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
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 Transfer (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)) .....	46200.00	46200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	46200.00	46200.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	10540.60	10540.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10540.60	10540.60
22. Transfers to Affiliated/Other Party Committees.....	35569.40	35569.40
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	46110.00	46110.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46110.00	46110.00

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) .....	46200.00	46200.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	46200.00	46200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10540.60	10540.60
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10540.60	10540.60

**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 / 13
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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	

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)  
Majority Victory Fund (Adams, Canseco, Crawford, Guinta, Ribble)

<b>A.</b>	Full Name (Last, First, Middle Initial) Wine & Spirits Wholesalers Of America PAC	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 805 15th Street NW Suite 430	<b>Transaction ID:</b> SA11C-2-2-c
	City Washington State DC Zip Code 20005-2273	Amount of Each Receipt this Period 7500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00147173	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 7500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Honeywell International PAC	Date of Receipt MM / DD / YYYY 05 / 03 / 2011
	Mailing Address 101 Constitution Avenue NW Suite 500	<b>Transaction ID:</b> SA11C-30-11-c
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 12500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00096156	Receipt
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 12500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Bryan Cave LLP Political Fund	Date of Receipt MM / DD / YYYY 04 / 26 / 2011
	Mailing Address 1155 F Street NW	<b>Transaction ID:</b> SA11C-5-5-c
	City Washington State DC Zip Code 20004-1312	Amount of Each Receipt this Period 12500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00332643	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 12500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>32500.00</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 / 13
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
Majority Victory Fund (Adams, Canseco, Crawford, Guinta, Ribble)

<b>A.</b>	Full Name (Last, First, Middle Initial) PAC of the American Assoc of Orthopaedic Surgeons	Date of Receipt
	Mailing Address 317 Massachusetts Avenue NE	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City State Zip Code Washington DC 20002-5769	<b>Transaction ID:</b> SA11C-4-4-c
	FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00343137"/>	Amount of Each Receipt this Period <input type="text" value="12500.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="12500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Graves for Congress	Date of Receipt
	Mailing Address 2345 Grand Boulevard Suite 2800	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City State Zip Code Kansas City MO 64108-2612	<b>Transaction ID:</b> SA11C-3-3-c
	FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00359034"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="13500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="46000.00"/>

# 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)  
Majority Victory Fund (Adams, Canseco, Crawford, Guinta, Ribble)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Capitol One USA</p> <p>Mailing Address PO Box 71083</p> <p>City Charlotte State NC Zip Code 28272-1083</p> <p>Purpose of Disbursement MVF Credit Card Charge Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-31-13-e <b>Date of Disbursement</b> 04 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 6479.00</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bobby Vans</p> <p>Mailing Address 809 15th Street NW</p> <p>City Washington State DC Zip Code 20005-2203</p> <p>Purpose of Disbursement MVF Catering Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-32-1-V <b>Date of Disbursement</b> 03 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 6479.00</p> <p>[MEMO ITEM] Subitemization of Capitol One USA ( 04/08/11 )</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wiley Rein LLP</p> <p>Mailing Address 1776 K Street NW</p> <p>City Washington State DC Zip Code 20006-2304</p> <p>Purpose of Disbursement MVF Legal Services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-29-12-e <b>Date of Disbursement</b> 04 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>001 Category/ Type</p>

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

6979.00

**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)  
Majority Victory Fund (Adams, Canseco, Crawford, Guinta, Ribble)

<b>A.</b> Full Name (Last, First, Middle Initial) Rose Ann Janis <hr/> Mailing Address 25 E Main Street <hr/> City Richmond State VA Zip Code 23219-2109 <hr/> Purpose of Disbursement MVF Accounting & Reporting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-19-27-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1002.65
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kristin Young <hr/> Mailing Address 902 Summer Hill Drive <hr/> City South Windsor State CT Zip Code 06074-2879 <hr/> Purpose of Disbursement MVF Fundraising Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-34-16-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Wiley Rein LLP <hr/> Mailing Address 1776 K Street NW <hr/> City Washington State DC Zip Code 20006-2304 <hr/> Purpose of Disbursement MVF Legal Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-29-9-e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 501.05
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3503.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	10482.70

**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)  
Majority Victory Fund (Adams, Canseco, Crawford, Guinta, Ribble)

A.	Full Name (Last, First, Middle Initial) Elect Blake Farenthold Committee	Transaction ID: SB22-18-26-e Date of Disbursement
	Mailing Address PO Box 3369	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Corpus Christi State TX Zip Code 78463-3369	Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer to Joint Fundraising Participant	<input type="text" value="2495.39"/>
	Candidate Name Randolph Blake Farenthold	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Lou Barletta for Congress	Transaction ID: SB22-10-23-e Date of Disbursement
	Mailing Address PO Box 128	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hazleton State PA Zip Code 18201-0128	Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer to Joint Fundraising Participant	<input type="text" value="2495.39"/>
	Candidate Name Lou Barletta	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Pat Meehan for Congress	Transaction ID: SB22-8-17-e Date of Disbursement
	Mailing Address 50 S Providence Road	<input type="text" value="04"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Media State PA Zip Code 19063-3531	Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer to Joint Fundraising Participant	<input type="text" value="4618.49"/>
	Candidate Name Patrick L Meehan	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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 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)  
Majority Victory Fund (Adams, Canseco, Crawford, Guinta, Ribble)

<b>A.</b> Full Name (Last, First, Middle Initial) Duffy for Congress <hr/> Mailing Address PO Box 538 <hr/> City Wausau State WI Zip Code 54402-0538 <hr/> Purpose of Disbursement Transfer to Joint Fundraising Participant Candidate Name Sean Duffy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22-16-20-e Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 4618.49
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dold for Congress <hr/> Mailing Address PO Box 8145 <hr/> City Northfield State IL Zip Code 60093-8145 <hr/> Purpose of Disbursement Transfer to Joint Fundraising Participant Candidate Name Mr. Robert James Dold Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22-12-24-e Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 2495.39
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Pat Meehan for Congress <hr/> Mailing Address 50 S Providence Road <hr/> City Media State PA Zip Code 19063-3531 <hr/> Purpose of Disbursement Transfer to Joint Fundraising Participant Candidate Name Patrick L Meehan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22-8-22-e Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 2495.39
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9609.27
<b>TOTAL</b> 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 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)  
Majority Victory Fund (Adams, Canseco, Crawford, Guinta, Ribble)

A.	Full Name (Last, First, Middle Initial) Duffy for Congress	Transaction ID: SB22-16-25-e Date of Disbursement
	Mailing Address PO Box 538	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Wausau State WI Zip Code 54402-0538	Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer to Joint Fundraising Participant	<input type="text" value="2495.39"/>
	Candidate Name Sean Duffy	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Elect Blake Farenthold Committee	Transaction ID: SB22-18-21-e Date of Disbursement
	Mailing Address PO Box 3369	<input type="text" value="04"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Corpus Christi State TX Zip Code 78463-3369	Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer to Joint Fundraising Participant	<input type="text" value="4618.49"/>
	Candidate Name Randolph Blake Farenthold	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lou Barletta for Congress	Transaction ID: SB22-10-18-e Date of Disbursement
	Mailing Address PO Box 128	<input type="text" value="04"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hazleton State PA Zip Code 18201-0128	Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer to Joint Fundraising Participant	<input type="text" value="4618.49"/>
	Candidate Name Lou Barletta	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

PAGE 13 / 13

<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)  
Majority Victory Fund (Adams, Canseco, Crawford, Guinta, Ribble)

A.	Full Name (Last, First, Middle Initial) Dold for Congress	Transaction ID: SB22-12-19-e Date of Disbursement
	Mailing Address PO Box 8145	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Northfield State IL Zip Code 60093-8145	Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer to Joint Fundraising Participant	<input type="text" value="4618.49"/>
	Candidate Name Mr. Robert James Dold Jr.	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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