

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.
TEA PARTY VICTORY FUND

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day **POST-Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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 07 / 04 / 2016

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

**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="2015"/>	<input type="text" value="15730.26"/>	<input type="text" value="15730.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15730.26"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25646.77"/>	<input type="text" value="25646.77"/>
(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="41377.03"/>	<input type="text" value="41377.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37447.24"/>	<input type="text" value="37447.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3929.79"/>	<input type="text" value="3929.79"/>
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="9000.00"/>	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TEA PARTY VICTORY FUND

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

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).....	2530.00	2530.00
(ii) Unitemized	23116.77	23116.77
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25646.77	25646.77
(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)	25646.77	25646.77
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 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))..... ▶	25646.77	25646.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25646.77	25646.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	30997.24	30997.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30997.24	30997.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E)	2950.00	2950.00
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	1000.00	1000.00
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)) ..	37447.24	37447.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37447.24	37447.24

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)	25646.77	25646.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25646.77	25646.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	30997.24	30997.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30997.24	30997.24

**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 30
	<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 MARVIN BOYENGA 504		Date of Receipt
Mailing Address 1310 LIMESTONE DR		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
MASON CITY	IA	50401
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.24116
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1050.00"/>	<input type="text" value="1050.00"/>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CLIFFORD CERNICK 222		Date of Receipt
Mailing Address 4210 12TH RD S APT A		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
ARLINGTON	VA	22204
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.24260
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	<input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. MR RAYMOND N FINK 488		Date of Receipt
Mailing Address PO BOX 134		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
WILLIAMSTON	MI	48895
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.24626
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	<input type="text" value="100.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1400.00"/>
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: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. FRANCIS FITZPATRICK 974
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E ANCHOR AVE
 City EUGENE State OR Zip Code 97404
 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 ▼ 255.00

Date of Receipt 05 / 27 / 2015
Transaction ID : SA11AI.24635
 Amount of Each Receipt this Period 100.00
 Memo Item

B. JOHN HANSEN 010
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 OVERLOOK DR
 City WESTFIELD State MA Zip Code 01085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COUNTRYSIDE DEVELOPMENT CORP Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 05 / 30 / 2015
Transaction ID : SA11AI.24821
 Amount of Each Receipt this Period 150.00
 Memo Item

C. FRANKLIN HANSON 560
 Full Name (Last, First, Middle Initial)
 Mailing Address 422 EUCLID AVE
 City ALBERT LEA State MN Zip Code 56007
 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 ▼ 360.00

Date of Receipt 05 / 28 / 2015
Transaction ID : SA11AI.24824
 Amount of Each Receipt this Period 205.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	455.00
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: (check only one)	PAGE 8 OF 30
	<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	

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NAME OF COMMITTEE (In Full)
TEA PARTY VICTORY FUND

A. MR HERBERT KRETZ 115
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 COTTAGE PL
 City HEMPSTEAD State NY Zip Code 11550
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : SA11AI.25132
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. MARY MESSINGER 281
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 COVENANT WOODS DR
 City SALISBURY State NC Zip Code 28144
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : SA11AI.25361
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. MR LUNSFORD RICHARDSON 274
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 WELL SPRING DR
 City GREENSBORO State NC Zip Code 27410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LUNSFORD RICHARDSON FAMILY LLP Occupation PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : SA11AI.25659
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 9 OF 30
(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)
TEA PARTY VICTORY FUND

A. DAVID SCHUMANN 894
Full Name (Last, First, Middle Initial)
Mailing Address 1669 HYDE ST
City MINDEN State NV Zip Code 89423
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 **225.00**

Date of Receipt **05 / 27 / 2015**
Transaction ID : SA11AI.25794
Amount of Each Receipt this Period **100.00**
 Memo Item

B. DAVID SCHUMANN 894
Full Name (Last, First, Middle Initial)
Mailing Address 1669 HYDE ST
City MINDEN State NV Zip Code 89423
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 **300.00**

Date of Receipt **05 / 27 / 2015**
Transaction ID : SA11AI.25796
Amount of Each Receipt this Period **75.00**
 Memo Item

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
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	2530.00

**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 SOLICITATION CALLS

Candidate Name **TEA PARTY VICTORY FUND**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 02 / 2015

Transaction ID : **SB21B.26489**

Amount of Each Disbursement this Period: 4500.00

Memo Item

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 SOLICITATION CALLS

Candidate Name **TEA PARTY VICTORY FUND**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 07 / 2015

Transaction ID : **SB21B.26490**

Amount of Each Disbursement this Period: 1500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. CLIENT FIRST CONSULTING GROUP LLC

Mailing Address 385 AVERY LN

City MEDINA State OH Zip Code 44256

Purpose of Disbursement PAC SOLICITATION CALLS

Candidate Name **TEA PARTY VICTORY FUND**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 09 / 2015

Transaction ID : **SB21B.26491**

Amount of Each Disbursement this Period: 300.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6300.00

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)
TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial) A. CLIENT FIRST CONSULTING GROUP LLC		Date of Disbursement MM / DD / YYYY 01 / 13 / 2015
Mailing Address 385 AVERY LN		Transaction ID : SB21B.26492
City MEDINA	State OH	
Purpose of Disbursement PAC SOLICITATION CALLS	Category/ Type 003	Amount of Each Disbursement this Period 800.00
Candidate Name TEA PARTY VICTORY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CLIENT FIRST CONSULTING GROUP LLC		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 385 AVERY LN		Transaction ID : SB21B.26493
City MEDINA	State OH	
Purpose of Disbursement PAC SOLICITATION CALLS	Category/ Type 003	Amount of Each Disbursement this Period 1200.00
Candidate Name TEA PARTY VICTORY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CLIENT FIRST CONSULTING GROUP LLC		Date of Disbursement MM / DD / YYYY 01 / 16 / 2015
Mailing Address 385 AVERY LN		Transaction ID : SB21B.26494
City MEDINA	State OH	
Purpose of Disbursement PAC SOLICITATION CALLS	Category/ Type 003	Amount of Each Disbursement this Period 460.00
Candidate Name TEA PARTY VICTORY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	2460.00
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)
TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	0		2	0	1	5		

Mailing Address 385 AVERY LN

Transaction ID : SB21B.26495

City MEDINA State OH Zip Code 44256

Amount of Each Disbursement this Period

3	3	0	0	.	0	0
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Purpose of Disbursement
PAC SOLICITATION CALLS

0	0	3
Category/Type		

Memo Item

Candidate Name

TEA PARTY VICTORY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	6		2	0	1	5		

Mailing Address 385 AVERY LN

Transaction ID : SB21B.26496

City MEDINA State OH Zip Code 44256

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Purpose of Disbursement
PAC SOLICITATION CALLS

0	0	3
Category/Type		

Memo Item

Candidate Name

TEA PARTY VICTORY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	3		2	0	1	5		

Mailing Address 385 AVERY LN

Transaction ID : SB21B.26497

City MEDINA State OH Zip Code 44256

Amount of Each Disbursement this Period

1	6	0	0	.	0	0
---	---	---	---	---	---	---

Purpose of Disbursement
PAC SOLICITATION CALLS

0	0	3
Category/Type		

Memo Item

Candidate Name

TEA PARTY VICTORY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

7	4	0	0	.	0	0
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7	4	0	0	.	0	0
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**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		Date of Disbursement MM / DD / YYYY 02 / 18 / 2015
Mailing Address 385 AVERY LN		Transaction ID : SB21B.26498
City MEDINA	State OH	
Purpose of Disbursement PAC SOLICITATION CALLS		Amount of Each Disbursement this Period 7400.00
Candidate Name TEA PARTY VICTORY FUND		<input type="checkbox"/> Memo Item
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:	Category/Type 003	

Full Name (Last, First, Middle Initial) B. CLIENT FIRST CONSULTING GROUP LLC		Date of Disbursement MM / DD / YYYY 03 / 13 / 2015
Mailing Address 385 AVERY LN		Transaction ID : SB21B.26499
City MEDINA	State OH	
Purpose of Disbursement PAC SOLICITATION CALLS		Amount of Each Disbursement this Period 3600.00
Candidate Name TEA PARTY VICTORY FUND		<input type="checkbox"/> Memo Item
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:	Category/Type 003	

Full Name (Last, First, Middle Initial) C. CLIENT FIRST CONSULTING GROUP LLC		Date of Disbursement MM / DD / YYYY 03 / 19 / 2015
Mailing Address 385 AVERY LN		Transaction ID : SB21B.26500
City MEDINA	State OH	
Purpose of Disbursement PAC SOLICITATION CALLS		Amount of Each Disbursement this Period 1100.00
Candidate Name TEA PARTY VICTORY FUND		<input type="checkbox"/> Memo Item
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:	Category/Type 003	

SUBTOTAL of Disbursements This Page (optional).....▶	7400.00
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)
TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	24	/	2015

Mailing Address 385 AVERY LN

Transaction ID : SB21B.26501

City MEDINA State OH Zip Code 44256

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
PAC SOLICITATION CALLS

003
Category/ Type

Memo Item

Candidate Name

TEA PARTY VICTORY FUND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2015

Mailing Address 385 AVERY LN

Transaction ID : SB21B.26502

City MEDINA State OH Zip Code 44256

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
PAC SOLICITATION CALLS

003
Category/ Type

Memo Item

Candidate Name

TEA PARTY VICTORY FUND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2015

Mailing Address 385 AVERY LN

Transaction ID : SB21B.26503

City MEDINA State OH Zip Code 44256

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
PAC SOLICITATION CALLS

003
Category/ Type

Memo Item

Candidate Name

TEA PARTY VICTORY FUND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

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

2600.00

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**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 SOLICITATION CALLS

Candidate Name **TEA PARTY VICTORY FUND**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 22 / 2015

Transaction ID : **SB21B.26504**

Amount of Each Disbursement this Period: 350.00

Memo Item

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 CHARGES

Candidate Name **TEA PARTY VICTORY FUND**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 31 / 2015

Transaction ID : **SB21B.23868**

Amount of Each Disbursement this Period: 361.45

Memo Item

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 CHARGES

Candidate Name **TEA PARTY VICTORY FUND**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 28 / 2015

Transaction ID : **SB21B.23869**

Amount of Each Disbursement this Period: 119.85

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 831.30

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 03 / 31 / 2015
Mailing Address 295 FIRST MERIT CIRCLE		Transaction ID : SB21B.23870
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement BANK CHARGES	Amount of Each Disbursement this Period 160.19
Candidate Name TEA PARTY VICTORY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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 04 / 30 / 2015
Mailing Address 295 FIRST MERIT CIRCLE		Transaction ID : SB21B.23871
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement BANK CHARGES	Amount of Each Disbursement this Period 121.64
Candidate Name TEA PARTY VICTORY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. MACKENZIE & COMPANY		Date of Disbursement MM / DD / YYYY 01 / 27 / 2015
Mailing Address 2776 S ARLINGTON MILL DR #806		Transaction ID : SB21B.26333
City ARLINGTON	State VA	
Zip Code 22206	Purpose of Disbursement IN-KIND - COMPLIANCE SERVICES OF SCOTT B MACKENZIE	Amount of Each Disbursement this Period 1500.00
Candidate Name TEA PARTY VICTORY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	281.83
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

A. TRANSAXT LLC

Full Name (Last, First, Middle Initial)

Mailing Address 190 MONROE STREET
SUITE 500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement PAC FUNDRAISING & PROCESSING

Candidate Name **TEA PARTY VICTORY FUND**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
01 / 09 / 2015

Transaction ID : SB21B.23841

Amount of Each Disbursement this Period: 3698.11

Memo Item

Category/Type: 003

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶	3698.11
TOTAL This Period (last page this line number only).....▶	30971.24

**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 type="checkbox"/> 22	<input checked="" 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. FRIENDS OF SENATOR BOB SMITH		Date of Disbursement MM / DD / YYYY 01 / 31 / 2015
Mailing Address 2776 S ARLINGTON MILL DRIVE #806		Transaction ID : SB23.23826
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement IN-KIND - COMPLIANCE SERVICES OF SCOTT B MACKENZIE	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name BOB SMITH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 00		

Full Name (Last, First, Middle Initial) B. FRIENDS OF SENATOR BOB SMITH		Date of Disbursement MM / DD / YYYY 01 / 31 / 2015
Mailing Address 2776 S ARLINGTON MILL DRIVE #806		Transaction ID : SB23.26343
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement IN-KIND - COMPLIANCE SERVICES OF SCOTT B MACKENZIE	Category/Type 011	<input checked="" type="checkbox"/> Memo Item
Candidate Name BOB SMITH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 00		

Full Name (Last, First, Middle Initial) C. FRIENDS OF SENATOR BOB SMITH		Date of Disbursement MM / DD / YYYY 02 / 10 / 2015
Mailing Address 2776 S ARLINGTON MILL DRIVE #806		Transaction ID : SB23.26341
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION	Category/Type 011	<input checked="" type="checkbox"/> Memo Item
Candidate Name BOB SMITH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.26341

COMPLIANCE SERVICES PERFORMED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$1,500 IS DUE AND PAYABLE TO MACKENZIE & COMPANY.

Form/Schedule:

Transaction ID:

**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 type="checkbox"/> 22	<input checked="" 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. FRIENDS OF SENATOR BOB SMITH

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name
BOB SMITH

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NH District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2015

Transaction ID : SB23.26345

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SENATOR BOB SMITH

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
IN-KIND - COMPLIANCE SERVICES OF SCOTT B MACKENZIE

011

Candidate Name
BOB SMITH

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NH District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : SB23.26339

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PEG LUKSIK FOR SENATE

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
IN-KIND - COMPLIANCE SERVICES OF SCOTT B MACKENZIE

011

Candidate Name
PEG LUKSIK

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: PA District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : SB23.26337

Amount of Each Disbursement this Period

250.00

Memo Item

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

1000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: **SB23**

Transaction ID : **SB23.26339**

COMPLIANCE SERVICES PERFORMED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$1,500 IS DUE AND PAYABLE TO MACKENZIE & COMPANY.

Form/Schedule: **SB23**

Transaction ID: **SB23.26337**

COMPLIANCE SERVICES PERFORMED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$250 IS DUE AND PAYABLE TO MACKENZIE & COMPANY.

**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 type="checkbox"/> 22	<input checked="" 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. PEG LUKSIK FOR SENATE

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
IN-KIND - COMPLIANCE SERVICES OF SCOTT B MACKENZIE

011

Category/
Type

Candidate Name

PEG LUKSIK

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SB23.26335

Amount of Each Disbursement this Period

250.00

Memo Item

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

0.00

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

2500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.26335

COMPLIANCE SERVICES PERFORMED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$250 IS DUE AND PAYABLE TO MACKENZIE & COMPANY.

Form/Schedule:

Transaction ID:

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY VICTORY FUND

A. MARK BERG FOR DELEGATE

Full Name (Last, First, Middle Initial)

Mailing Address 317 GREENFIELD AVE

City WINCHESTER State VA Zip Code 22602

Purpose of Disbursement
POLITICAL CONTRIBUTION - VA STATE LEGISLATURE

Candidate Name
MARK BERG

Office Sought: House Senate President
State: VA District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 15 / 2015

Transaction ID : **SB29.23838**

Amount of Each Disbursement this Period
1000.00

Memo Item

Category/Type: 011

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

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	<input type="checkbox"/> Memo Item	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	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).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	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 26 OF 30
	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="3300.00"/>	Transaction ID : SD10.20024	
Amount Incurred This Period <input type="text" value="26160.00"/>	Payment This Period <input type="text" value="29460.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MACKENZIE & COMPANY	Nature of Debt (Purpose): IN-KIND CANDIDATE COMPLIANCE SERVICES
Mailing Address 2776 S ARLINGTON MILL DR #806	
City State Zip Code ARLINGTON VA 22206	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.26347	
Amount Incurred This Period <input type="text" value="4000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4000.00"/>

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"/>
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1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="4000.00"/>
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="9000.00"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ C C00491290
--	--

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 05 / 20 / 2015
Mailing Address 385 AVERY LN	Amount 1000.00
City MEDINA State OH Zip Code 44256	Transaction ID : SE.26505 Date of Disbursement or Obligation 06 / 09 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 1000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 05 / 20 / 2015
Mailing Address 385 AVERY LN	Amount 400.00
City MEDINA State OH Zip Code 44256	Transaction ID : SE.26522 Date of Disbursement or Obligation 06 / 10 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 1400.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1400.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date 07 / 04 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ C C00491290
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 100.00	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.26523
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation 06 / 12 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 750.00	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.26524
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation 06 / 16 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 2250.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	850.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date 07 / 04 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ C C00491290
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015
Mailing Address 385 AVERY LN	Amount 700.00
City State Zip Code MEDINA OH 44256	Transaction ID : SE.26525 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2950.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2016
Mailing Address 385 AVERY LN	Amount 2950.00
City State Zip Code MEDINA OH 44256	Transaction ID : SE.26486 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	700.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2950.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 04 / 2016

Signature

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.26486

ORIGINALLY, THE COMMITTEE REPORTED \$20,000 IN PROPOSED VOTER CONTACT CALLS OPPOSING HILLARY CLINTON FOR PRESIDENT - THE COMMITTEE WASN'T ABLE TO SPEND THAT AMOUNT AND ONLY SPENT \$2,950.

Form/Schedule:

Transaction ID: