

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

16 APR - 8 PM 12: 37

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

ADDRESS (number and street) 918 Pennsylvania Ave SE Washington DC 20003

2. FEC IDENTIFICATION NUMBER C00605436 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Election on

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

5. Covering Period 01 / 01 / 2016 through 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Judith Zamore

Signature of Treasurer [Handwritten Signature] Date 04 / 08 / 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.

201604080200088826

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

IL OH WI Victory Fund

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	9,500.00	9,500.00
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ..	9,500.00	9,500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	0.00	0.00
(b) Total Offsets to Operating Expenditures (from Line 14) ..	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ..	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27) ..	1,700.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	

For further information contact:

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

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

20160408020008827

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

IL OH WI Victory Fund

Report Covering the Period: From: 

MM	DD	YYYY
01	01	2016

 To: 

MM	DD	YYYY
03	31	2016

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

9,500.00

9,500.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals

9,500.00

9,500.00

(b) Political Party Committees...

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

9,500.00

9,500.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

9,500.00

9,500.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES ..	0.00	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	7,800.00	7,800.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate ..	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) ..	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ..	0.00	0.00
(b) Political Party Committees ..	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) ..	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7,800.00	7,800.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ..	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) ..	9,500.00
25. SUBTOTAL (add Line 23 and Line 24) ..	9,500.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) ...	7,800.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) ..	1,700.00

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

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

FOR LINE NUMBER: PAGE 1 OF 2  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
IL OH WI Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Mary Peters

Mailing Address  
1425 Neahtawanta Rd  
City State Zip Code  
Traverse City, MI 49686

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
Self Employed Farming

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2016

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Paul Cullis

Mailing Address  
3184 Morningview Ter  
City State Zip Code  
Bloomfield Hills, MI 48301

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
Michigan Neurology Institute Physician

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2016

Amount of Each Receipt this Period  
3,000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Cynthia Ford

Mailing Address  
241 Lake Shore Dr  
City State Zip Code  
Grosse Pointe Farm, MI 48236

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
Not Employed Civic Philanthropist

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2016

Amount of Each Receipt this Period  
3,000.00

Memo Item

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

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

6,500.00

20160408020008830

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 2	OF 2
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
IL OH WI Victory Fund

Full Name (Last, First, Middle Initial) A. Edsel B. Ford		Date of Receipt MM / DD / YYYY 03 / 29 / 2016
Mailing Address 241 Lake Shore Dr City State Zip Code Grosse Pointe Farm, MI 48236		Amount of Each Receipt this Period 3,000.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	Occupation Board Member	
Name of Employer Ford Motor Company	Election Cycle-to-Date 3,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

SUBTOTAL of Receipts This Page (optional).....	3,000.00
TOTAL This Period (last page this line number only).....	9,500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
IL OH WI Victory Fund

<p>A. Full Name (Last, First, Middle Initial) Russ for Wisconsin</p>		<p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2016</p>	
<p>Mailing Address PO Box 620061</p>		<p>Amount of Each Disbursement this Period 2,600.00</p>	
<p>City State Zip Code Middleton, WI 53562</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Purpose of Disbursement Transfer</p>		<p>Category/ Type</p>	
<p>Candidate Name Russell D. Feingold</p>		<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>State: WI District:</p>	

<p>B. Full Name (Last, First, Middle Initial) Strickland for Senate</p>		<p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2016</p>	
<p>Mailing Address PO Box 2196</p>		<p>Amount of Each Disbursement this Period 2,600.00</p>	
<p>City State Zip Code Columbus, OH 43216</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Purpose of Disbursement Transfer</p>		<p>Category/ Type</p>	
<p>Candidate Name Ted Strickland</p>		<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>State: OH District:</p>	

<p>C. Full Name (Last, First, Middle Initial) Tammy for Illinois</p>		<p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2016</p>	
<p>Mailing Address PO Box 10793</p>		<p>Amount of Each Disbursement this Period 2,600.00</p>	
<p>City State Zip Code Chicago, IL 60610</p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Purpose of Disbursement Transfer</p>		<p>Category/ Type</p>	
<p>Candidate Name L. Tammy Duckworth</p>		<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>State: IL District:</p>	

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

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

7,800.00
0.00

201604080200088832

# Hand Delivered

201604080200088833

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

ELECTRONICALLY DELIVERED \_\_\_\_\_

HAND DELIVERED \_\_\_\_\_

Date of Receipt  
**4-8-16**  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_

Postmark

USPS PRIORITY MAIL \_\_\_\_\_

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE      NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS \_\_\_\_\_

UPS \_\_\_\_\_

DHL \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX \_\_\_\_\_

Date of Receipt

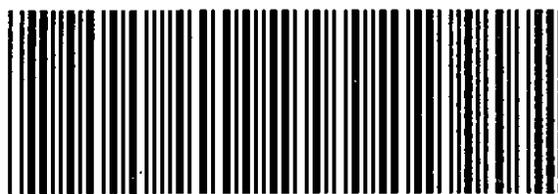
OTHER \_\_\_\_\_

Date of Receipt or Postmark

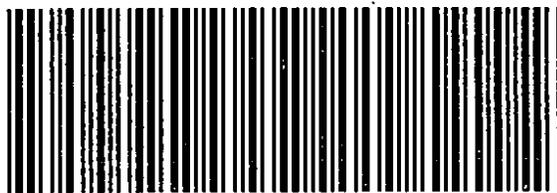
PREPARER **DH**

DATE PREPARED **4-8-16**

201604080200088834



SEN PATCH



SEN PATCH

201604080200088835