

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Bilbray Victory Fund

ADDRESS (number and street)

600 Pennsylvania Ave SE, Ste 210

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

C C00563346

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY
11 / 04 / 2014

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY
10 / 01 / 2014

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY
10 / 15 / 2014

MM / DD / YYYY

MM / DD / YYYY

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 Marissa Burik

Signature of Treasurer Marissa Burik

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2014

MM / DD / YYYY

MM / DD / YYYY

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Bilbray 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))....	1500.00	13925.00
(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)).....	1500.00	13925.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2104.25	3448.94
(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)).....	2104.25	3448.94
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1776.06	
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Bilbray Victory Fund

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

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).....	1500.00	8925.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	1500.00	8925.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1500.00	13925.00
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)..... ▶	1500.00	13925.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2104.25	3448.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	8700.00	8700.00
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) ►	10804.25	12148.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11080.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1500.00
25. SUBTOTAL (add Line 23 and Line 24).....	12580.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10804.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1776.06

**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 5 OF 8
	<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	

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)
Bilbray Victory Fund

A. Full Name (Last, First, Middle Initial)
Katherine M. Ferguson

Mailing Address 2117 Silver Ave

City Las Vegas State NV Zip Code 89102

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : INCA12

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Actblue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
6925.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 09 / 2014

Transaction ID : IDTA5

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Katherine M. Ferguson

Mailing Address 2117 Silver Ave

City Las Vegas State NV Zip Code 89102

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : INCA13

Amount of Each Receipt this Period
500.00

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

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

1500.00

**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 6 OF 8
	<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)
Bilbray Victory Fund

A. Full Name (Last, First, Middle Initial)
Actblue

Mailing Address **PO Box 441146**

City **Somerville** State **MA** Zip Code **02144**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
6925.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : IDTA4

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt

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

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt

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

Amount of Each Receipt this Period

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

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

0.00

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 8			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Bilbray Victory Fund

Full Name (Last, First, Middle Initial) A. Infinity Enterprises, Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014	
Mailing Address 3347 S Highland Dr Ste 304			Amount of Each Disbursement this Period 2000.00	
City Las Vegas	State NV	Zip Code 89109	Transaction ID : EXPB18	
Purpose of Disbursement Photography Services		Category/ Type		
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) B. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 39.50	
City Somerville	State MA	Zip Code 02144	Transaction ID : EXPB14	
Purpose of Disbursement Merchant Fees		Category/ Type		
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) c. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014	
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 19.75	
City Somerville	State MA	Zip Code 02144	Transaction ID : EXPB15	
Purpose of Disbursement Merchant Fees		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	2059.25
TOTAL This Period (last page this line number only).....	2059.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 8	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Bilbray Victory Fund

Full Name (Last, First, Middle Initial) A. Nevada State Democratic Party			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 409 Horn St			Amount of Each Disbursement this Period 8700.00	
City Las Vegas	State NV	Zip Code 89107		
Purpose of Disbursement Transfer		Category/ Type		
Candidate Name Nevada State Democratic Party				
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:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
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:				

SUBTOTAL of Disbursements This Page (optional).....	8700.00
TOTAL This Period (last page this line number only).....	8700.00