

**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

RANGEL VICTORY FUND

ADDRESS (number and street)

818 CONNECTICUT AVENUE NW STE 1100

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20006

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00452045

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  
Quarterly 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 (12G)

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

08

21

2008

through

09

30

2008

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

Phu Huynh

Signature of Treasurer

Electronically Filed by Phu Huynh

Date

01

30

2009

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 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
RANGEL VICTORY FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	2	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	7900.00	
(c) Total Receipts (from Line 19) .....	100084.99	865727.98
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	107984.99	865727.98
7. Total Disbursements (from Line 31) .....	87044.24	844787.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	20940.75	20940.75
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**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
RANGEL VICTORY FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	2	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

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	54700.00	610450.00
(i) Itemized (use Schedule A) .....	1050.00	26125.00
(ii) Unitemized .....	55750.00	636575.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	834.99	852.98
(b) Political Party Committees .....	42500.00	227300.00
(c) Other Political Committees (such as PACs) .....	99084.99	864727.98
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	1000.00	1000.00
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)) .....	100084.99	865727.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	100084.99	865727.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	13359.80	101784.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	13359.80	101784.29
22. Transfers to Affiliated/Other Party Committees.....	68684.44	728002.94
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 .....	2500.00	12500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2500.00	2500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	5000.00	15000.00
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))..	87044.24	844787.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87044.24	844787.23

**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) .....	99084.99	864727.98
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	15000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	94084.99	849727.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13359.80	101784.29
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13359.80	101784.29

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28

(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

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)  
RANGEL VICTORY FUND**A.**Full Name (Last, First, Middle Initial)  
Brad Beckstrom

Mailing Address One Gustav L. Levy Place

City	State	Zip Code
New York	NY	10029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount SinaiOccupation  
Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.5131

Amount of Each Receipt this Period

1000.00

Contribution

**B.**Full Name (Last, First, Middle Initial)  
Jay H. BernsteinMailing Address 25 Melville Park Road  
P.O. Box 2937

City	State	Zip Code
Melville	NY	11747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NIC Holding CorpOccupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: SA11AI.5163

Amount of Each Receipt this Period

1000.00

Contribution

**C.**Full Name (Last, First, Middle Initial)  
Charles BrainMailing Address 316 Pennsylvania Avenue, SE  
Suite 403

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Hill Strategies  
LLCOccupation  
Legislative Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.5153

Amount of Each Receipt this Period

1000.00

Contribution

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

3000.00

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 7 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)

Binta Brown

Mailing Address 400 East 54th Street

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kirkland and Ellis

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.5217

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Stephen Case

Mailing Address 4 E. 70th Street

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerald Development Manag-  
er

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.5225

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Stuart Eizenstat

Mailing Address 5610 Wisconsin Avenue

City

Chevy Chase

State

MD

Zip Code

10815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covington & Burling LLP

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.5231

Amount of Each Receipt this Period

1000.00

Contribution

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

3000.00

**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 8 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**RANGEL VICTORY FUND**

**A.**

Full Name (Last, First, Middle Initial)  
 William C. Goings

Mailing Address 1695 Trents Ferry Road

City State Zip Code  
 Lynchburg VA 24503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Genworth Financial

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.5223

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
 Andrea D. Gray

Mailing Address 2084 Hunters Crest Way

City State Zip Code  
 Vienna VA 22181

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 N/A

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.5178

Amount of Each Receipt this Period

2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
 Craig M. Hatkoff

Mailing Address One West 72nd Street

City State Zip Code  
 New York NY 10023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Capital Trust

Occupation  
 Vice Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 9 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.5161

Amount of Each Receipt this Period

1000.00

Contribution

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

4500.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)

Peter Hoffman

Mailing Address 303 South Broadway

City

Tarrytown

State

NY

Zip Code

10591

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HGH Associates

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.5115

Amount of Each Receipt this Period

700.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Harvey L. Kaminski

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.5167

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Patricia Kenner

Mailing Address 720 Park Avenue

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Campus Coach Lines

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.5219

Amount of Each Receipt this Period

500.00

Contribution

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

1700.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)

Deryck Palmer

Mailing Address 85 S. Collingwood Road

City

Maplewood

State

NJ

Zip Code

07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CADWALADER WICKERSON & TA-  
FT LL

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.5199

Amount of Each Receipt this Period

25000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Vipul N. Patel

Mailing Address 13915 83rd Avenue  
Apt. 440

City

Briarwood

State

NY

Zip Code

11435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.5140

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jonelle Procope

Mailing Address 253 West 125th Street

City

New York

State

NY

Zip Code

10027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apollo Theatre Foundation

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.5173

Amount of Each Receipt this Period

1000.00

Contribution

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

27000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)

Steven Safyer

Mailing Address 74 Hunter Avenue

City

New Rochelle

State

NY

Zip Code

10801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montefiore Medical Center

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.5233

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

James E. Sharp

Mailing Address 1215 19th Street

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sharp & Associates

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.5227

Amount of Each Receipt this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Carl Spielvogel

Mailing Address 720 Park Avenue

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Business Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.5129

Amount of Each Receipt this Period

1000.00

Contribution

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

8500.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)

St. Regis Mohawk Tribe

Mailing Address 412 State Route #37

City

Hogansburg

State

NY

Zip Code

13655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.5169

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Lillian Vernon

Mailing Address One Beekman Place

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lillian Vernon Corp

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.5117

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Rosa Whitaker

Mailing Address 7824 Laurel Leaf Drive

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Whitaker Group

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.5138

Amount of Each Receipt this Period

1500.00

Contribution

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

4500.00

**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 13 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)

Rev Reginald Wiliams

Mailing Address 45 East 135th Street  
9f

City State Zip Code  
New York NY 10037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Addicts Rehab Center

Occupation  
Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.5142

Amount of Each Receipt this Period

2500.00

Contribution

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

2500.00

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

54700.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

<input type="checkbox"/> 11a	<input checked="" 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)

RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing  
federal political committee.**C** C00000935

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

852.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	8

Transaction ID: SA11B.5229

Amount of Each Receipt this Period

834.99

In-kind - Phone calls, faxing, copying

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

834.99

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

834.99

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

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

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**RANGEL VICTORY FUND**

**A.**

Full Name (Last, First, Middle Initial)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **14600 Trinity Blvd  
Suite 500**

City State Zip Code  
**Fort Worth TX 76155**

FEC ID number of contributing  
federal political committee. **C C00267849**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**09 / 04 / 2008**

**Transaction ID: SA11C.5180**

Amount of Each Receipt this Period

**5000.00**

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR HOMECARE POLITICAL ACTION COMMITTEE (AAHOMECARE PAC)**

Mailing Address **2011 Crystal Drive, Ste 725**

City State Zip Code  
**Arlington VA 22202**

FEC ID number of contributing  
federal political committee. **C C00357129**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**09 / 05 / 2008**

**Transaction ID: SA11C.5189**

Amount of Each Receipt this Period

**5000.00**

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
**CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)**

Mailing Address **2111 WILSON BOULEVARD 8TH FLOOR**

City State Zip Code  
**ARLINGTON VA 22201**

FEC ID number of contributing  
federal political committee. **C C00432393**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**3000.00**

Date of Receipt

**09 / 05 / 2008**

**Transaction ID: SA11C.5195**

Amount of Each Receipt this Period

**3000.00**

Contribution

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

**13000.00**

**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 16 / 28

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**RANGEL VICTORY FUND**

**A.**

Full Name (Last, First, Middle Initial)  
**DRIVE - Democrat Republic Independent Voter Education**  
 Mailing Address **25 Louisiana Avenue, NW**

City State Zip Code  
**Washington DC 20001**

FEC ID number of contributing federal political committee. **C C00032979**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**2500.00**

Date of Receipt

**09 / 04 / 2008**

Transaction ID: SA11C.5165

Amount of Each Receipt this Period

**2500.00**

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
**FINANCIAL SERVICE CENTERS OF AMERICA INC.**  
 Mailing Address **Court Plaza No. 25 Main St  
 PO Box 647**

City State Zip Code  
**Hackensack NJ 07602**

FEC ID number of contributing federal political committee. **C C00232843**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt

**09 / 10 / 2008**

Transaction ID: SA11C.5216

Amount of Each Receipt this Period

**2500.00**

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
**HOLLAND AMERICA LINE INC. PAC (HALPAC)**  
 Mailing Address **300 ELLIOTT AVE WEST**

City State Zip Code  
**SEATTLE WA 98119**

FEC ID number of contributing federal political committee. **C C00287714**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt

**09 / 05 / 2008**

Transaction ID: SA11C.5197

Amount of Each Receipt this Period

**1000.00**

Contribution

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

**6000.00**

**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 17 / 28

(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)

RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)

MCGUIREWOODS LLP

Mailing Address One James Center  
901 E. Cary StreetCity State Zip Code  
Richmond VA 23219FEC ID number of contributing  
federal political committee.**C** C00225342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	8

Transaction ID: SA11C.5235

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City State Zip Code  
Alexandria VA 22314FEC ID number of contributing  
federal political committee.**C** C00030809

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11C.5136

Amount of Each Receipt this Period

10000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

PRINCESS CRUISES/TOURS INC/ALASKA HOTEL PROPERTIES LLC PAC (PRINCESS CRUISES/TOURS INC)

Mailing Address 24305 TOWN CENTER DRIVE

City State Zip Code  
SANTA CLARITA CA 91355FEC ID number of contributing  
federal political committee.**C** C00365031

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	8

Transaction ID: SA11C.5193

Amount of Each Receipt this Period

1000.00

Contribution

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

13500.00

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 18 / 28

(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)

RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)

SUN PAC

Mailing Address 1735 MARKET STREET  
SUITE LLCity State Zip Code  
PHILADELPHIA PA 19103FEC ID number of contributing  
federal political committee.**C** C00025346

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11C.5146

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

SUN PAC

Mailing Address 1735 MARKET STREET  
SUITE LLCity State Zip Code  
PHILADELPHIA PA 19103FEC ID number of contributing  
federal political committee.**C** C00025346

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11C.5148

Amount of Each Receipt this Period

5000.00

Contribution

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

10000.00

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

42500.00

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

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

FOR LINE NUMBER: PAGE 19 / 28

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)

POWERS FOR CONGRESS

Mailing Address PO BOX 46

City

WILLIAMSVILLE

State

NY

Zip Code

14231

FEC ID number of contributing  
federal political committee.

**C** C00435750

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 8

Transaction ID: SA12.5239

Amount of Each Receipt this Period

1000.00

Joint fundraising proceed  
refund

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

1000.00

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 28

<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)  
RANGEL VICTORY FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc	<b>Transaction ID:</b> SB21B.5135 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 390728	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Cambridge State MA Zip Code 02139	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">67.15</td> </tr> </table>	67.15																			
67.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	001 Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc	<b>Transaction ID:</b> SB21B.5175 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 390728	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	4		2	0	0	8												
City Cambridge State MA Zip Code 02139	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">47.40</td> </tr> </table>	47.40																			
47.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	003 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc	<b>Transaction ID:</b> SB21B.5203 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 390728	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	5		2	0	0	8												
City Cambridge State MA Zip Code 02139	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">7.90</td> </tr> </table>	7.90																			
7.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	003 Category/ Type																				

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

122.45

**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 21 / 28

<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)  
RANGEL VICTORY FUND

A.

Full Name (Last, First, Middle Initial)

Auburn Quad, Inc

Mailing Address P.O. Box 390728

City  
Cambridge

State  
MA

Zip Code  
02139

Purpose of Disbursement  
Credit card processing fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5222

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

59.25

B.

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-kind - Phone calls, faxing, copying

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5230

Date of Disbursement

09 / 01 / 2008

Amount of Each Disbursement this Period

834.99

C.

Full Name (Last, First, Middle Initial)

KCZ Consulting Inc

Mailing Address 2720 Lightfoot Drive

City  
Baltimore

State  
MD

Zip Code  
21209

Purpose of Disbursement  
Phone calls

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5184

Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

288.61

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

1182.85

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 22 / 28

<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)  
RANGEL VICTORY FUND

A.

Full Name (Last, First, Middle Initial)

Oldaker Biden & Belair LLP

Mailing Address 818 Connecticut Avenue, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Legal/Accounting fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.5215

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2008

Amount of Each Disbursement this Period

12000.00

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

12000.00

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

13305.30

	21b	X	22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
RANGEL VICTORY FUND

FEC Schedule B ( Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 / 28

<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)  
RANGEL VICTORY FUND**A.** Full Name (Last, First, Middle Initial)  
JOHN BOCCIERI FOR CONGRESS

Mailing Address PO BOX 3016

City ALLIANCE State OH Zip Code 44601

Purpose of Disbursement  
Transfer of joint fundraising proceedsCandidate Name  
JOHN A BOCCIERI011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 16

Transaction ID: SB22.5209

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Amount of Each Disbursement this Period

5131.20

**B.** Full Name (Last, First, Middle Initial)  
LINDA STENDER FOR CONGRESS

Mailing Address P.O. Box 730

City Scotch Plains State NJ Zip Code 07076

Purpose of Disbursement  
Transfer of joint fundraising proceedsCandidate Name  
LINDA MRS. STENDER011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: SB22.5210

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 8

Amount of Each Disbursement this Period

4131.20

**C.** Full Name (Last, First, Middle Initial)  
MADIA FOR U S CONGRESS

Mailing Address P.O. Box 2459

City Maple Grove State MN Zip Code 55311

Purpose of Disbursement  
Transfer of joint fundraising proceedsCandidate Name  
JIGAR ASHWIN MADIA011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: SB22.5207

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 8

Amount of Each Disbursement this Period

4302.37

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

13564.77

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 25 / 28

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
RANGEL VICTORY FUND

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MASSA FOR CONGRESS</b>	<b>Transaction ID:</b> SB22.5213 <b>Date of Disbursement</b>
Mailing Address 60 EAST MARKET STREET SUITE 244	<div> <div>09</div> <div>08</div> <div>2008</div> </div>
City CORNING State NY Zip Code 14830	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer of joint fundraising proceeds	<div>4739.22</div>
Candidate Name ERIC J J MASSA	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MCMAHON FOR CONGRESS</b>	<b>Transaction ID:</b> SB22.5212 <b>Date of Disbursement</b>
Mailing Address 66 ARNOLD STREET	<div> <div>09</div> <div>08</div> <div>2008</div> </div>
City STATEN ISLAND State NY Zip Code 10301	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer of joint fundraising proceeds	<div>6002.54</div>
Candidate Name MICHAEL E MCMAHON	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MINNICK FOR CONGRESS</b>	<b>Transaction ID:</b> SB22.5206 <b>Date of Disbursement</b>
Mailing Address 7964 W Fairview Avenue	<div> <div>09</div> <div>08</div> <div>2008</div> </div>
City Boise State ID Zip Code 83704	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer of joint fundraising proceeds	<div>5131.20</div>
Candidate Name WALTER CLIFFORD MINNICK	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**15872.96**

**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 26 / 28

<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)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)  
POWERS FOR CONGRESS

Mailing Address PO BOX 46

City WILLIAMSVILLE State NY Zip Code 14231

Purpose of Disbursement  
Transfer of joint fundraising proceeds

Candidate Name  
JONATHAN POWERS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 26

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB22.5211

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

6002.53

**B.**

Full Name (Last, First, Middle Initial)  
RANGEL FOR CONGRESS

Mailing Address PO Box 5577  
MANHATTANVILLE STA

City New York State NY Zip Code 10027

Purpose of Disbursement  
Transfer of joint fundraising proceeds

Candidate Name  
CHARLES B RANGEL

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 15

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB22.5204

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

17129.16

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

23131.69

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

68684.44

# **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 27 / 28

<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 checked="" 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)  
RANGEL VICTORY FUND

A.

Full Name (Last, First, Middle Initial)

Loida Nicolas Lewis

Mailing Address 115 East 57th Street

City  
New York

State  
NY

Zip Code  
10022

Purpose of Disbursement  
Refund of contribution

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A.5240

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2008

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

2500.00

# **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)

PAGE 28 / 28

<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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)  
New York Check PAC

Mailing Address P.O. Box 647

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement  
Refund of contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28C.5160

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2008

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

2500.00