

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED BY OF THE

14 JUL 11 PM 2:25

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Rhode Island Illinois 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

CITY

STATE

ZIP CODE

STATE DISTRICT

C00554626

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

January 31 Year-End Report (YE)

Termination Report (TER)

Termination Report (TER)

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

Primary (12P)

Primary (12P)

General (12G)

General (12G)

Runoff (12R)

Runoff (12R)

Convention (12C)

Convention (12C)

Special (12S)

Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

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

General (30G)

General (30G)

Runoff (30R)

Runoff (30R)

Special (30S)

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

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 Judith Zamore

Signature of Treasurer

[Handwritten Signature]

Date

MM / DD / YYYY

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)

14020451961

**SUMMARY PAGE**

of Receipts and Disbursements

Write or Type Committee Name

Rhode Island Illinois Victory Fund

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))...	0.00	55,700.00
(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))...	0.00	55,700.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	2,037.40	6,470.33
(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))...	2,037.40	6,470.33
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) ..</b>	44.67	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	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

14020451962

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Rhode Island Illinois Victory Fund

Report Covering the Period: From:

MM / DD / YYYY  
04 / 01 / 2014

To:

MM / DD / YYYY  
06 / 30 / 2014

**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)...

0.00

47,200.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions  
from individuals .

0.00

47,200.00

(b) Political Party Committees...

0.00

0.00

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

0.00

8,500.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

0.00

55,700.00

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)...

0.00

55,700.00

14020451963

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES ..	2,037.40	6,470.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	49,185.00
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) ►	2,037.40	55,655.33

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ...	2,082.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) ..	0.00
25. SUBTOTAL (add Line 23 and Line 24) ..	2,082.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) ..	2,037.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) ..	44.67

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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)	PAGE 1 OF 1			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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)  
Rhode Island Illinois Victory Fund

A. Full Name (Last, First, Middle Initial) Capitol Compliance Associates		Date of Disbursement MM / DD / YYYY 04 / 29 / 2014
Mailing Address 600 Pennsylvania Ave SE Ste 210		Amount of Each Disbursement this Period 37.40
City Washington, DC 20003		
Purpose of Disbursement Reimburse Shipping		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: _____	

B. Full Name (Last, First, Middle Initial) Capitol Compliance Associates		Date of Disbursement MM / DD / YYYY 04 / 29 / 2014
Mailing Address 600 Pennsylvania Ave SE Ste 210		Amount of Each Disbursement this Period 2,000.00
City Washington, DC 20003		
Purpose of Disbursement Compliance 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: _____	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement MM / DD / YYYY
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) .....	2,037.40
TOTAL This Period (last page this line number only) .....	2,037.40

14020451965

JANICY ERICKSON  
SECRETARY

JANA K. MCCALLUM  
SUPERINTENDENT  
  
MAIL OFFICE B1  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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

Date of Receipt

**7-11-14**

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

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 \_\_\_\_\_

DEL \_\_\_\_\_

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

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

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX \_\_\_\_\_

Date of Receipt

OTHER \_\_\_\_\_

Date of Receipt or Postmark

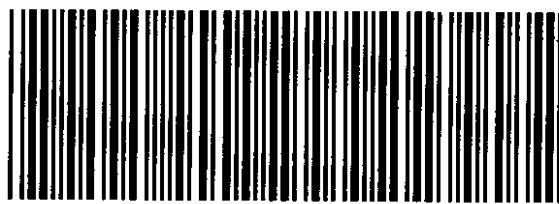
PREPARER

**DH**

DATE PREPARED

**7-11-14**

14020451966



SEN PATCH



SEN PATCH

14020451967