

# 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** 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 (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of \_\_\_\_\_

5. Covering Period 10 14 2010 through 11 22 2010

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 12 02 2010

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**

Write or Type Committee Name  
RANGEL VICTORY FUND

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2000.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	2000.00									
(c) Total Receipts (from Line 19) .....	112042.94	463281.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	114042.94	465281.24								
7. Total Disbursements (from Line 31) .....	113057.94	464296.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	985.00	985.00								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
RANGEL VICTORY FUND

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	87150.00	393417.00
(ii) Unitemized .....	8036.00	28461.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	95186.00	421878.00
(b) Political Party Committees .....	356.94	1003.24
(c) Other Political Committees (such as PACs) .....	16500.00	40400.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	112042.94	463281.24
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 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)) .....	112042.94	463281.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	112042.94	463281.24

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1543.09	58757.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1543.09	58757.15
22. Transfers to Affiliated/Other Party Committees.....	111514.85	404839.09
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 .....	0.00	700.00
(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	700.00
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))..	113057.94	464296.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	113057.94	464296.24

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	112042.94	463281.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	112042.94	462581.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1543.09	58757.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1543.09	58757.15

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

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

FOR LINE NUMBER: PAGE 6 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Aegis Retail Group, LLC

Mailing Address 150 Broadway  
Suite 1401

City State Zip Code  
New York NY 10006

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

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 Y  
1 0 / 2 1 / 2 0 1 0

**Transaction ID:** SA11AI.7114

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Terrence Goggin

Mailing Address 150 Broadway  
Suite 1401

City State Zip Code  
New York NY 10006

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

Name of Employer Occupation  
Aegis Retail Group, LLC CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

**Transaction ID:** SA11AI.7114.0

Amount of Each Receipt this Period  
1000.00

Contribution

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Curtis Arluck

Mailing Address 545 West 111 Street  
Apt. 8B

City State Zip Code  
New York NY 10025

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

Name of Employer Occupation  
Metis-Weikart Tax Associates Tax Accountant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.7175

Amount of Each Receipt this Period  
200.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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 / 40  
(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)  
Don Barden

Mailing Address 163 Madison

City State Zip Code  
Detroit MI 48226

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

Name of Employer: Barden Companies, Inc. Occupation: CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 15 / 2010  
Transaction ID: SA11AI.7067  
Amount of Each Receipt this Period: 1000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Virginia Askins Bell

Mailing Address 72 Worcester Drive

City State Zip Code  
Wayne NJ 07470

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 ▼ 500.00

Date of Receipt: 10 / 28 / 2010  
Transaction ID: SA11AI.7207  
Amount of Each Receipt this Period: 500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Michael Bromberg

Mailing Address 140 Riverside Drive #5k

City State Zip Code  
New York NY 10024

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

Name of Employer: Capitol Health Group, LLC Occupation: Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 28 / 2010  
Transaction ID: SA11AI.7142  
Amount of Each Receipt this Period: 500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**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 / 40

(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)  
**RANGEL VICTORY FUND**

**A.**

Full Name (Last, First, Middle Initial)  
Laray Brown

Mailing Address 125 Worth Street

City State Zip Code  
New York NY 07040

FEC ID number of contributing federal political committee. C

Name of Employer NYC HHC Occupation Health Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 28 / 2010

**Transaction ID:** SA11AI.7229

Amount of Each Receipt this Period 100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Roscoe C Brown, Jr.

Mailing Address 4555 Henry Hudson Parkway  
Apt. 1405

City State Zip Code  
Riverdale NY 10471

FEC ID number of contributing federal political committee. C

Name of Employer CUNY Grad Center Occupation Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt M M / D D / Y Y Y Y  
11 / 02 / 2010

**Transaction ID:** SA11AI.7305

Amount of Each Receipt this Period 200.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Victor Campbell

Mailing Address 1307 Chickering Road

City State Zip Code  
Nashville TN 37215

FEC ID number of contributing federal political committee. C

Name of Employer Columbia HCA Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
11 / 01 / 2010

**Transaction ID:** SA11AI.7281

Amount of Each Receipt this Period 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 1300.00

**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 9 / 40
	<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)  
RANGEL VICTORY FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) John W. Carr	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 425 Lexington Avenue 28th Floor	Transaction ID: SA11AI.7341
	City State Zip Code New York NY 10017	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Simpson Thacher & Bartlett LLP Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Camille T. Jackson Clark	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 155 Hudson Street #4N	Transaction ID: SA11AI.7174
	City State Zip Code New York NY 10013	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Information Requested Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Cohen	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 1936 Valleywood Road	Transaction ID: SA11AI.7133
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Information Requested Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> 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 10 / 40  
(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)  
Paul Crumb

Mailing Address 138 Teatown Road

City State Zip Code  
Croton on Hudson NY 10520

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

Name of Employer Occupation  
Lutheran Social Services of NY Executive VP

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.7182

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Heyward B. Davenport

Mailing Address 26 Federal Plaza Suite 3720

City State Zip Code  
New York NY 10728

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

Name of Employer Occupation  
Department of Commerce Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.7164

Amount of Each Receipt this Period  
100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Heyward B. Davenport

Mailing Address 26 Federal Plaza Suite 3720

City State Zip Code  
New York NY 10728

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

Name of Employer Occupation  
Department of Commerce Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.7204

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

**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 11 / 40  
(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)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)  
Ralph Dawson

Mailing Address 154 Calhoun Avenue

City State Zip Code  
New York NY 10801

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

Name of Employer Fulbright & Jaworski LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2010

**Transaction ID:** SA11AI.7330

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Willie E Dennis

Mailing Address 599 Lexington Avenue

City State Zip Code  
New York NY 10022

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

Name of Employer K&L Gates Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2010

**Transaction ID:** SA11AI.7303

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Lloyd Douglas

Mailing Address 165 W. 127th Street, No 2J

City State Zip Code  
New York NY 10027

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

Name of Employer Self Occupation Minority Business Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

**Transaction ID:** SA11AI.7148

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 12 / 40  
(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)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial) Hazel Duker		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 10 West 135th Street		<b>Transaction ID:</b> SA11AI.7141
City New York	State NY	Zip Code 10037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Consultant	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

**B.**

Full Name (Last, First, Middle Initial) Charles Duval		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 343 E 43rd Street Apt. 19B		<b>Transaction ID:</b> SA11AI.7152
City New York	State NY	Zip Code 10017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Data Industries LTD	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) DWD Associates LLC		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 300 Robbins Lane		<b>Transaction ID:</b> SA11AI.7339
City Syosset	State NY	Zip Code 11791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> 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 / 40  
(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)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial) Ed Blumenfeld		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 300 Robbins Lane		<b>Transaction ID:</b> SA11AI.7339.0
City Syosset	State NY	Zip Code 11791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Blumenfeld Development Group	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	<b>[MEMO ITEM]</b>

**B.**

Full Name (Last, First, Middle Initial) David Blumenfeld		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 300 Robins Lane		<b>Transaction ID:</b> SA11AI.7339.1
City Syosset	State NY	Zip Code 11791
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Blumenfeld Development Group	Occupation Developer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	<b>[MEMO ITEM]</b>

**C.**

Full Name (Last, First, Middle Initial) Walter J. Edwards		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 275 Lenox Avenue		<b>Transaction ID:</b> SA11AI.7056
City New York	State NY	Zip Code 10027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Full Spectrum of NY LLC	Occupation R.E. Developer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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 14 / 40  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial) Carmie L. Elmore, Jr.		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 21 Wandering Way		<b>Transaction ID:</b> SA11AI.7054
City Smithtown	State NY	Zip Code 11787
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer 110th Street Service Station	Occupation Service Station Dealer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Thomas Foristall		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
Mailing Address 39 Grand Street Apt. 3413		<b>Transaction ID:</b> SA11AI.7080
City Mamaroneck	State NY	Zip Code 10543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greater Harlem Nursing Home	Occupation Administrator	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

**C.**

Full Name (Last, First, Middle Initial) Thomas Foristall		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 39 Grand Street Apt. 3413		<b>Transaction ID:</b> SA11AI.7215
City Mamaroneck	State NY	Zip Code 10543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Greater Harlem Nursing Home	Occupation Administrator	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> 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 15 / 40  
(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)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial) Frank J. Guarini		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 30 Montgomery Street 15th Floor		<b>Transaction ID:</b> SA11AI.7057
City Jersey City	State NJ	Zip Code 07302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Guarini & Guarini	Occupation Lawyer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Pamela D. Hayes		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
Mailing Address 200 West 57th Street Suite 900		<b>Transaction ID:</b> SA11AI.7079
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Rosamond Isenberg		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 2 North Breakers Row Apt. 25-S		<b>Transaction ID:</b> SA11AI.7273
City Palm Beach	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer N/A	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7750.00
<b>TOTAL</b> 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 / 40  
(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)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)  
Robert Jackson

Mailing Address 499 Ft. Washington Avenue

City State Zip Code  
New York NY 10033

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

Name of Employer Occupation  
New York City Council Councilmember

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.7183

Amount of Each Receipt this Period  
200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Reverend William James

Mailing Address 409 W. 148th Street

City State Zip Code  
New York NY 10031

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

Name of Employer Occupation  
Presbyterian Church NYC Minister

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.7159

Amount of Each Receipt this Period  
100.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Robert L. Johnson

Mailing Address P.O. Box 5010

City State Zip Code  
Monroe CT 06468

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

Name of Employer Occupation  
The RLJ Companies Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

**Transaction ID:** SA11AI.7332

Amount of Each Receipt this Period  
1200.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 / 40  
(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)  
James R. Jones  
 Mailing Address 84 Beldin Avenue  
 City Dobbs Ferry State NY Zip Code 10522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TDX Construction Corp Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00  
 Date of Receipt 10 / 21 / 2010  
**Transaction ID:** SA11AI.7075  
 Amount of Each Receipt this Period 2500.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
James H. Jones  
 Mailing Address 85 Myrtle Avenue  
 City Dobbs Ferry State NY Zip Code 10522  
 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 10 / 21 / 2010  
**Transaction ID:** SA11AI.7081  
 Amount of Each Receipt this Period 2500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Patricia A. Jones  
 Mailing Address 352 Convent Avenue  
 City New York State NY Zip Code 10031  
 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 ▼ 500.00  
 Date of Receipt 11 / 02 / 2010  
**Transaction ID:** SA11AI.7310  
 Amount of Each Receipt this Period 500.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00  
**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 / 40  
(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 Joseph

Mailing Address 4730 Fieldston Road

City State Zip Code  
Bronx NY 10471

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

Name of Employer Self Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2010

**Transaction ID:** SA11AI.7288

Amount of Each Receipt this Period  
2500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Loida Nicolas Lewis

Mailing Address 115 East 57th Street

City State Zip Code  
New York NY 10022

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

Name of Employer TLC Beatrice Occupation Chair

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2010

**Transaction ID:** SA11AI.7061

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Leonard Litwin

Mailing Address 1200 Union Turnpike

City State Zip Code  
New Hyde Park NY 11040

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

Name of Employer Glenwood Management Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2010

**Transaction ID:** SA11AI.7345

Amount of Each Receipt this Period  
5000.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 40  
(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)  
Mary Lynch

Mailing Address 41 Hamilton Terrace

City State Zip Code  
New York NY 10031

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 2 / 2 0 1 0

**Transaction ID:** SA11AI.7315

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Marcella Maxwell

Mailing Address 10 W. 135th Street, Apt. 12P

City State Zip Code  
New York NY 10037

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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.7261

Amount of Each Receipt this Period  
100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Barbara E. Minch

Mailing Address 65 West 90th Street

City State Zip Code  
New York NY 10024

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

Name of Employer William F. Ryan Com Health Ctr Occupation President & CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 1 0

**Transaction ID:** SA11AI.7090

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**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 20 / 40  
(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)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial) Sara E. Morgan		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
Mailing Address 392 Central Park West #1113		<b>Transaction ID:</b> SA11AI.7093
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer N/A	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) Morgan Murphy, Jr.		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 1409 A S Indiana Avenue		<b>Transaction ID:</b> SA11AI.7343
City Chicago	State IL	Zip Code 60605
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Godfrey Murrain		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 240 Shoreward Drive		<b>Transaction ID:</b> SA11AI.7314
City Great Neck	State NY	Zip Code 11021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> 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 21 / 40
	<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)  
RANGEL VICTORY FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) Harish Parekh		Date of Receipt
	Mailing Address 5 Ann Drive		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Syosset	NY	11791
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Palm Bay Inc		Occupation Finance	Transaction ID: SA11AI.7283
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) Basil A. Paterson		Date of Receipt
	Mailing Address 990 Stewart Avenue		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Garden City	NY	11530
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Meyer, Suozzi, English and Kle		Occupation Member	Transaction ID: SA11AI.7306
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="3000.00"/>	<input type="text" value="1000.00"/>
Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Muriel Petioni		Date of Receipt
	Mailing Address 100 La Salle Street Apt. 5H		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New York	NY	10027
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Physician	Transaction ID: SA11AI.7180
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2700.00"/>	<input type="text" value="200.00"/>
Contribution			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 22 / 40
	<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)  
RANGEL VICTORY FUND

<b>A.</b>	Full Name (Last, First, Middle Initial) John L. Pringle, Jr.	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 261 Putnam Avenue	<b>Transaction ID:</b> SA11AI.7088
	City State Zip Code Brooklyn NY 11216	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Star Homes Design & Management	Occupation Residential-Commercial Construction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Vincent Reusing	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 8709 Fort Hunt Road	<b>Transaction ID:</b> SA11AI.7271
	City State Zip Code Alexandria VA 22308	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer VPR Associates	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Delores Richards	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 2153 Adam Clayton Powell Jr. Blvd	<b>Transaction ID:</b> SA11AI.7104
	City State Zip Code New York NY 10027	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer LLoyd E. Dickens & Co.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> 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 23 / 40  
(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)  
Leonard Riggio

Mailing Address 122 Fifth Avenue  
10th Floor

City State Zip Code  
New York NY 10011

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

Name of Employer Occupation  
Barnes & Noble, Inc Chairman

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2010

**Transaction ID:** SA11AI.7050

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Louise Riggio

Mailing Address 122 Fifth Avenue

City State Zip Code  
New York NY 10011

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7400.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2010

**Transaction ID:** SA11AI.7051

Amount of Each Receipt this Period  
7400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Enrique A. Riggs

Mailing Address 40 West 135th Street  
Suite 1E

City State Zip Code  
New York NY 10037

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

Name of Employer Occupation  
Self Dentist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2010

**Transaction ID:** SA11AI.7216

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12500.00**

**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 24 / 40  
(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)  
Voza Rivers

Mailing Address 253 West 138th Street

City State Zip Code  
New York NY 10030

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

Name of Employer Harlem Arts Alliance Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 02 / 2010  
Transaction ID: SA11AI.7287  
Amount of Each Receipt this Period: 500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
RM Capital Management LLC

Mailing Address 555 Madison Avenue  
16th Floor

City State Zip Code  
New York NY 10022

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: 11 / 02 / 2010  
Transaction ID: SA11AI.7293  
Amount of Each Receipt this Period: 500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Romano Tio

Mailing Address 555 Madison Avenue  
16th Floor

City State Zip Code  
New York NY 10022

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

Name of Employer RM Capital Management LLC Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 02 / 2010  
Transaction ID: SA11AI.7293.0  
Amount of Each Receipt this Period: 250.00  
Contribution  
[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 25 / 40

(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)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)  
Marck Sznajderman

Mailing Address 555 Madison Avenue  
16th Floor

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
RM Capital Management LLC Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.7293.1

Amount of Each Receipt this Period

250.00

Contribution

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Allen E. Roberts

Mailing Address 800 grand Concourse

City State Zip Code  
Bronx NY 10451

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

Name of Employer Occupation  
Clean Energy Systems Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.7087

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Allene Roberts

Mailing Address 800 Grand Concourse, LBN

City State Zip Code  
Bronx NY 10451

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.7230

Amount of Each Receipt this Period

100.00

Contribution

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

350.00

**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 26 / 40  
(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)  
Phyllis Rosen

Mailing Address 18 East 85th Street

City State Zip Code  
New York NY 10028

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

**Transaction ID:** SA11AI.7350

Amount of Each Receipt this Period  
7400.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Maureen Rover

Mailing Address 1111 Park Avenue  
13E

City State Zip Code  
New York NY 10128

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

Name of Employer The Reading Team Occupation Foundation Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

**Transaction ID:** SA11AI.7065

Amount of Each Receipt this Period  
1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Alexander Rovt

Mailing Address 930 3rd Avenue

City State Zip Code  
New York NY 10022

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

Name of Employer IBE Trade Corp Occupation Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

**Transaction ID:** SA11AI.7098

Amount of Each Receipt this Period  
3000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11400.00**

**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 27 / 40  
(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)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)  
Frank Savage

Mailing Address 151 Central Park West

City State Zip Code  
New York NY 10015

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

Name of Employer Occupation  
Savage Holdings LLC Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.7270

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Scheuer

Mailing Address 4730 Fieldstone Road

City State Zip Code  
Bronx NY 10471

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

Name of Employer Occupation  
Self Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

**Transaction ID:** SA11AI.7356

Amount of Each Receipt this Period  
2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Eugene Schneur

Mailing Address 885 Second Avenue Suite 31C

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation  
Omni New York LLC Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

**Transaction ID:** SA11AI.7348

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**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 28 / 40  
(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)  
Barbara A. Scott

Mailing Address 345 W. 145th Street  
Apt. 9A3

City State Zip Code  
New York NY 10031

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.7172

Amount of Each Receipt this Period  
150.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Shirley E. Scott

Mailing Address 345 W. 145th Street  
Apt. 9A3

City State Zip Code  
New York NY 10031

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.7173

Amount of Each Receipt this Period  
150.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dotty Seals

Mailing Address 336 West End Avenue

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.7231

Amount of Each Receipt this Period  
100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00

**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 29 / 40  
(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)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial) Cornelius Sigety		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 1500 Lexington Avenue		<b>Transaction ID:</b> SA11AI.7349
City New York	State NY	Zip Code 10029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Kenbar Management	Occupation Real Estate	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00	

**B.**

Full Name (Last, First, Middle Initial) Joseph Stamm		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 2601 Avenue L		<b>Transaction ID:</b> SA11AI.7181
City Brooklyn	State NY	Zip Code 11210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medreview	Occupation President & CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Seymour Sternberg		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 9 Stoneleigh Manor Lane		<b>Transaction ID:</b> SA11AI.7053
City Purchase	State NY	Zip Code 10577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer New York Life	Occupation CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3250.00
<b>TOTAL</b> 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 30 / 40  
(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)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial)  
Forrest Taylor

Mailing Address 180 St. Nicholas Avenue, #71

City State Zip Code  
New York NY 10026

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

Name of Employer Occupation  
NYS Urban Development Corp Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2010

**Transaction ID:** SA11AI.7101

Amount of Each Receipt this Period  
200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Susan L. Taylor

Mailing Address 220 Riverside Boulevard  
PH. 3A

City State Zip Code  
New York NY 10069

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

Name of Employer Occupation  
National CARES Mentoring Founder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2010

**Transaction ID:** SA11AI.7085

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Gene Thornhill

Mailing Address 2 Water Street  
7C

City State Zip Code  
New York NY 10004

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

Name of Employer Occupation  
Self Data Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2010

**Transaction ID:** SA11AI.7070

Amount of Each Receipt this Period  
1000.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 40  
(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)  
Andon Veizi

Mailing Address 26-40 14th Street

City Astoria State NY Zip Code 11102

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

Name of Employer Remiu Builders Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2010  
Transaction ID: SA11AI.7077  
Amount of Each Receipt this Period 1000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Charles Williams

Mailing Address 455 West 140th Street

City New York State NY Zip Code 10031

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

Name of Employer Peckar & Abramson PC Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2010  
Transaction ID: SA11AI.7327  
Amount of Each Receipt this Period 500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
James R. Williams

Mailing Address 8900 170th Street Suite 5L

City Jamaica State NY Zip Code 11432

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

Name of Employer NBUF Development Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 01 / 2010  
Transaction ID: SA11AI.7280  
Amount of Each Receipt this Period 5000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6500.00

**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 32 / 40

(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)  
RANGEL VICTORY FUND

A.

Full Name (Last, First, Middle Initial)  
Lloyd Williams

Mailing Address 200 West 136th Street

City State Zip Code  
New York NY 10030

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

Name of Employer Occupation  
LMR Productions, Inc President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

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

Transaction ID: SA11AI.7317

Amount of Each Receipt this Period

1100.00

Contribution

B.

Full Name (Last, First, Middle Initial)  
Reverend Reginald Williams

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 Occupation  
Addicts Rehab Center Chair

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt

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

Transaction ID: SA11AI.7307

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)  
Fred Wistow

Mailing Address 211 W 10th Street

City State Zip Code  
New York NY 10014

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.7072

Amount of Each Receipt this Period

500.00

Contribution

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

2600.00

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 33 / 40  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
RANGEL VICTORY FUND

**A.**

Full Name (Last, First, Middle Initial) Jacob J Worenklein		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 610 West End Avenue Apt. 11A		Transaction ID: SA11AI.7058
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bingham & McCutcheon LLP	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Keith Wright		Date of Receipt MM / DD / YYYY 10 / 28 / 2010
Mailing Address 2225 5th Avenue		Transaction ID: SA11AI.7162
City New York	State NY	Zip Code 10037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer State of New York	Occupation Legislator	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

**C.**

Full Name (Last, First, Middle Initial) Keith Wright		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 2225 5th Avenue		Transaction ID: SA11AI.7319
City New York	State NY	Zip Code 10037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer State of New York	Occupation Legislator	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	87150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 34 / 40	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt
	Mailing Address 430 South Capitol Street, SE 2nd Floor		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20003
	FEC ID number of contributing federal political committee.		Transaction ID: SA11B.7359
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Aggregate Year-to-Date ▼	<input type="text" value="356.94"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1003.24"/>	In-kind - phone calls, faxing, copying
<input checked="" type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="356.94"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="356.94"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 40

(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)  
CONSOLIDATED EDISON INC EMPLOYEES' POLITICAL ACTION COMMITTEE (CEIPAC)

Mailing Address 4 IRVING PLACE  
ROOM 506

City State Zip Code  
NEW YORK NY 10003

FEC ID number of contributing federal political committee. **C** C00407635

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  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11C.7297

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
EMBLEMHEALTH SERVICES COMPANY LLC FEDERAL PAC (AKA EMBLEMHEALTH PAC)

Mailing Address 55 WATER STREET

City State Zip Code  
NEW YORK NY 10041

FEC ID number of contributing federal political committee. **C** C00412247

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  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11C.7296

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** 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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11C.7117

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7000.00
<b>TOTAL</b> 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 36 / 40

(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)  
FORTUNE BRANDS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1301 K Street NW  
Suite 250 West Tower

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00473553

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt

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

Transaction ID: SA11C.7346

Amount of Each Receipt this Period

4000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
HCA INC. GOOD GOVERNMENT FUND

Mailing Address PO BOX 550  
ONE PARK PLAZA

City State Zip Code  
NASHVILLE TN 37203

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt

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

Transaction ID: SA11C.7278

Amount of Each Receipt this Period

4000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
PLUMBERS LOCAL UNION NO. 1 NYC-POLITICAL ACTION COMMITTEE

Mailing Address 158-29 GEORGE MEANY BOULEVARD

City State Zip Code  
HOWARD BEACH NY 11414

FEC ID number of contributing federal political committee. **C** C00327478

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  
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11C.7298

Amount of Each Receipt this Period

500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 37 / 40</span>
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) RETAIL, WHOLESALE & DEPARTMENT STORE UNION COMMITTEE ON POLITICAL EDUCATION (RWDUE)	Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Mailing Address 30 EAST 29TH STREET	Transaction ID: SA11C.7290
	City State Zip Code NEW YORK NY 10016	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00174011	Contribution
	Name of Employer Occupation	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16500.00

**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)

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<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) ActBlue Technical Services Mailing Address P.O. Box 382110 City Cambridge State MA Zip Code 02238 Purpose of Disbursement Credit card processing fee Candidate Name	Transaction ID: SB21B.7062 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 79.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type 003

<b>B.</b> Full Name (Last, First, Middle Initial) ActBlue Technical Services Mailing Address P.O. Box 382110 City Cambridge State MA Zip Code 02238 Purpose of Disbursement Credit card processing fee Candidate Name	Transaction ID: SB21B.7124 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 143.63
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type 003

<b>C.</b> Full Name (Last, First, Middle Initial) ActBlue Technical Services Mailing Address P.O. Box 382110 City Cambridge State MA Zip Code 02238 Purpose of Disbursement Credit card processing fee Candidate Name	Transaction ID: SB21B.7286 Date of Disbursement 11 / 02 / 2010
	Amount of Each Disbursement this Period 39.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	263.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)  
RANGEL VICTORY FUND

A.	Full Name (Last, First, Middle Initial) ActBlue Technical Services	Transaction ID: SB21B.7353 Date of Disbursement
	Mailing Address P.O. Box 382110	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Cambridge State MA Zip Code 02238	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card processing fee Candidate Name	<input type="text" value="393.03"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB21B.7360 Date of Disbursement
	Mailing Address 430 South Capitol Street, SE 2nd Floor	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - phone calls, faxing, copying Candidate Name	<input type="text" value="356.94"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value=""/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Oldaker Belair & Wittie LLP	Transaction ID: SB21B.7063 Date of Disbursement
	Mailing Address 818 Connecticut Avenue, NW Suite 1100	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal/accounting fees Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1249.97"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1513.09"/>

**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 40 / 40

<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

<b>A.</b> Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC Mailing Address PO Box 5577 City New York State NY Zip Code 10027 Purpose of Disbursement Transfer of joint fundraising proceeds Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.7125 Date of Disbursement 11 / 02 / 2010
	Amount of Each Disbursement this Period 43196.34 Category/Type 008
<b>B.</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: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB22.7126 Date of Disbursement 11 / 02 / 2010
	Amount of Each Disbursement this Period 68318.51 Category/Type 008

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

111514.85

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

111514.85