

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 40721 Tucson AZ 85717

2. FEC IDENTIFICATION NUMBER C C00863035 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2024 through 03 / 31 / 2024

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 Montoya, Dacey, , ,

Signature of Treasurer Montoya, Dacey, , , Date 04 / 10 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Kirsten Engel Victory Fund

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (5000.00); (b) Cash on Hand at Beginning of Reporting Period (5000.00); (c) Total Receipts (from Line 19) (15465.38); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (20465.38); 7. Total Disbursements (from Line 31) (18925.98); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (1539.40); 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) (0.00); 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) (0.00).

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Kirsten Engel Victory Fund

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	14555.34	14555.34
(ii) Unitemized	910.04	910.04
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	15465.38	15465.38
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15465.38	15465.38
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 Transfers (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)).....▶	15465.38	15465.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15465.38	15465.38

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	1748.35	1748.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1748.35	1748.35
22. Transfers to Affiliated/Other Party Committees.....	17177.63	17177.63
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	18925.98	18925.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18925.98	18925.98

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15465.38	15465.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15465.38	15465.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1748.35	1748.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1748.35	1748.35

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 6 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Kirsten Engel Victory Fund

A. Curtis, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2403 E 5Th St
 City Tucson State AZ Zip Code 85719-5212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southside Community School Occupation (for Individual) Public School Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 14 / 2024**
Transaction ID : 4791447
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Curtis, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2403 E 5Th St
 City Tucson State AZ Zip Code 85719-5212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southside Community School Occupation (for Individual) Public School Administrator
 Receipt For: 2024 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt **03 / 25 / 2024**
Transaction ID : 4834339
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * Earmarked Contribution: See Below

C. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: 2024 Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10465.38

Date of Receipt **03 / 31 / 2024**
Transaction ID : 4834339E
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<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)
Kirsten Engel Victory Fund

A. Gill, Gerald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5109 Eagle Rdg
 City Springfield State IL Zip Code 62711-7808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cass Communications Mgmt, Inc. Occupation (for Individual) President
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 222.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2024
Transaction ID : 4834340
 Amount of Each Receipt this Period 222.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 10465.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : 4834340E
 Amount of Each Receipt this Period 222.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Heising, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 383 Walsh Rd
 City Atherton State CA Zip Code 94027-6456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medley Partners Occupation (for Individual) Founder/Managing Director
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2024
Transaction ID : 4834338
 Amount of Each Receipt this Period 3000.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....	3222.00
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 8 OF 16
	<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)
Kirsten Engel Victory Fund

A. ActBlue

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	-------------------------------------------------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10465.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : 4834338E

Amount of Each Receipt this Period
3000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Morrison, Rees, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Hawthorne Ave

City Princeton	State NJ	Zip Code 08540-3804
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Retired
---------------------------------------------------	----------------------------------------

Receipt For: 2024
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2024
Transaction ID : 4834349

Amount of Each Receipt this Period
333.34

Memo Item

* Earmarked Contribution: See Below

C. ActBlue

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	-------------------------------------------------------------------

Receipt For: 2024
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10465.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2024
Transaction ID : 4834349E

Amount of Each Receipt this Period
333.34

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	333.34
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 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Kirsten Engel Victory Fund

A. Womer, Rod, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4041 Barcelona Pl
 City Newbury Park State CA Zip Code 91320-2803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Retired
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2024
Transaction ID : 4834333
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: 2024
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10465.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2024
Transaction ID : 4834333E
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	14555.34

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"/> 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)
Kirsten Engel Victory Fund

A. ActBlue

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 14 / 2024

FEC Identification Number: C

Transaction ID : 500144221

Amount of Each Disbursement this Period: 197.50

Memo Item

B. ActBlue

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2024 Primary General Other (specify) ▼

Date of Disbursement: 02 / 18 / 2024

FEC Identification Number: C

Transaction ID : 500143897

Amount of Each Disbursement this Period: 9.22

Memo Item

C. ActBlue

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2024 Primary General Other (specify) ▼

Date of Disbursement: 02 / 25 / 2024

FEC Identification Number: C

Transaction ID : 500143898

Amount of Each Disbursement this Period: 19.43

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 226.15

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Kirsten Engel Victory Fund

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address 366 Summer St

City
Somerville

State
MA

Zip Code
02144-3132

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : 500143899

Amount of Each Disbursement this Period

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
									3.30

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address 366 Summer St

City
Somerville

State
MA

Zip Code
02144-3132

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	2	4

FEC Identification Number

C []

Transaction ID : 500143900

Amount of Each Disbursement this Period

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
									8.57

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address 366 Summer St

City
Somerville

State
MA

Zip Code
02144-3132

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	4

FEC Identification Number

C []

Transaction ID : 500143901

Amount of Each Disbursement this Period

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
									202.77

Memo Item

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

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

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
									214.64

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
Kirsten Engel Victory Fund

Form A: ActBlue. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: ActBlue. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: ActBlue. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 170.14
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Kirsten Engel Victory Fund

Full Name (Last, First, Middle Initial)

A. NGP VAN

Mailing Address 655 15Th St NW
Ste 650

City
Washington

State
DC

Zip Code
20005-5701

Purpose of Disbursement

Software

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : 500143905

Amount of Each Disbursement this Period

[REDACTED] 108.70

Memo Item

Full Name (Last, First, Middle Initial)

B. NGP VAN

Mailing Address 655 15Th St NW
Ste 650

City
Washington

State
DC

Zip Code
20005-5701

Purpose of Disbursement

Software

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : 500143906

Amount of Each Disbursement this Period

[REDACTED] 108.70

Memo Item

Full Name (Last, First, Middle Initial)

C. NGP VAN

Mailing Address 655 15Th St NW
Ste 650

City
Washington

State
DC

Zip Code
20005-5701

Purpose of Disbursement

Software

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : 500143907

Amount of Each Disbursement this Period

[REDACTED] 869.60

Memo Item

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

[REDACTED] 1087.00

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

[REDACTED] 1697.93

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)

21b 22 23 26 27
28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Kirsten Engel Victory Fund

A. Arizona Democratic Party
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 36123
City Phoenix State AZ Zip Code 85067-6123
Purpose of Disbursement Joint Fundraising Transfer
Candidate Name
Office Sought: House Senate President
Disbursement For: 2024
Primary General Other (specify)
State: District:
Date of Disbursement 01 / 26 / 2024
FEC Identification Number C
Transaction ID : 500143910
Amount of Each Disbursement this Period 5000.00
Memo Item

B. Arizona Democratic Party
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 36123
City Phoenix State AZ Zip Code 85067-6123
Purpose of Disbursement Joint Fundraising Transfer
Candidate Name
Office Sought: House Senate President
Disbursement For: 2024
Primary General Other (specify)
State: District:
Date of Disbursement 02 / 06 / 2024
FEC Identification Number C
Transaction ID : 500143911
Amount of Each Disbursement this Period 2302.50
Memo Item

C. Arizona Democratic Party
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 36123
City Phoenix State AZ Zip Code 85067-6123
Purpose of Disbursement Joint Fundraising Transfer
Candidate Name
Office Sought: House Senate President
Disbursement For: 2024
Primary General Other (specify)
State: District:
Date of Disbursement 03 / 15 / 2024
FEC Identification Number C
Transaction ID : 500143913
Amount of Each Disbursement this Period 4754.81
Memo Item

SUBTOTAL of Disbursements This Page (optional) 12057.31
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Kirsten Engel Victory Fund

Full Name (Last, First, Middle Initial)

A. Arizona Democratic Party

Mailing Address PO Box 36123

City
Phoenix

State
AZ

Zip Code
85067-6123

Purpose of Disbursement
Joint Fundraising Transfer

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	4

FEC Identification Number

C

Transaction ID : 500143908

Amount of Each Disbursement this Period

3842.33

Memo Item

Full Name (Last, First, Middle Initial)

B. ENGEL FOR ARIZONA

Mailing Address PO Box 40721

City
Tucson

State
AZ

Zip Code
85717-0721

Purpose of Disbursement
Joint Fundraising Transfer

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : 500143912

Amount of Each Disbursement this Period

872.10

Memo Item

Full Name (Last, First, Middle Initial)

C. ENGEL FOR ARIZONA

Mailing Address PO Box 40721

City
Tucson

State
AZ

Zip Code
85717-0721

Purpose of Disbursement
Joint Fundraising Transfer

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : 500143914

Amount of Each Disbursement this Period

125.76

Memo Item

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

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

4840.19

**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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Kirsten Engel Victory Fund

Full Name (Last, First, Middle Initial)

A. ENGEL FOR ARIZONA

Mailing Address PO Box 40721

City
Tucson

State
AZ

Zip Code
85717-0721

Purpose of Disbursement
Joint Fundraising Transfer

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	4

FEC Identification Number

C

Transaction ID : 500143909

Amount of Each Disbursement this Period

280.13

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

280.13

17177.63