

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
House Senate Victory Fund

ADDRESS (number and street) 120 Maryland Ave NE
 Check if different than previously reported. (ACC)
Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** C00462333
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 10 01 2009 through 12 31 2009

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 Christopher Koob

Signature of Treasurer Electronically Filed by Christopher Koob Date 01 31 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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
House Senate Victory Fund

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		0.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	14760.92									
(c) Total Receipts (from Line 19)	792576.00	2003453.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	807336.92	2003453.00								
7. Total Disbursements (from Line 31)	801970.05	1998086.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5366.87	5366.87								
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:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
House Senate Victory Fund

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	791950.00	1992627.00
(ii) Unitemized	626.00	726.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	792576.00	1993353.00
(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)	792576.00	1993353.00
12. Transfers From Affiliated/Other Party Committees	0.00	10100.00
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))	792576.00	2003453.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	792576.00	2003453.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	198120.05	340036.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	198120.05	340036.13
22. Transfers to Affiliated/Other Party Committees.....	602600.00	1656800.00
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	1250.00	1250.00
(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))	1250.00	1250.00
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))..	801970.05	1998086.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	801970.05	1998086.13

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)	792576.00	1993353.00
34. Total Contribution Refunds (from Line 28(d))	1250.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	791326.00	1992103.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	198120.05	340036.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	198120.05	340036.13

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 94
(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)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Elaine P. Krupnick

Mailing Address 700 SE 3rd Ave

City State Zip Code
Ft. Lauderdale FL 33316

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 ▼ 15200.00

Date of Receipt: 10 / 05 / 2009
Transaction ID: SA11AI-117
Amount of Each Receipt this Period: 15200.00

B. Full Name (Last, First, Middle Initial)
Jon E. Krupnick

Mailing Address 700 SE 3rd Ave

City State Zip Code
Ft. Lauderdale FL 33316

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

Name of Employer Krupnick Campbell & Malone Occupation Trial Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt: 10 / 05 / 2009
Transaction ID: SA11AI-118
Amount of Each Receipt this Period: 15200.00

C. Full Name (Last, First, Middle Initial)
James Marlowe

Mailing Address 5141 Inagua Way

City State Zip Code
Naples FL 34119

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 / 05 / 2009
Transaction ID: SA11AI-119
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 30900.00

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 / 94
(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial) Dr. Claudia Hauri		Date of Receipt MM / DD / YYYY 10 / 05 / 2009
Mailing Address 5752 SW 77 Terrace		Transaction ID: SA11AI-120
City South Miami	State Zip Code FL 33143	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Nurse Practitioner	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Janice Golding		Date of Receipt MM / DD / YYYY 10 / 14 / 2009
Mailing Address 6574 N State Rd 7, Apt 354		Transaction ID: SA11AI-122
City Coconut Creek	State Zip Code FL 33073	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Rosanna Malbban-Forteza		Date of Receipt MM / DD / YYYY 10 / 14 / 2009
Mailing Address 7600 SW 78th Court		Transaction ID: SA11AI-123
City Miami	State Zip Code FL 33143	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Miami	Occupation Physician-Scientist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
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 / 94
(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)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
John A. Miller

Mailing Address 1111 Brickell Ave, #1300

City State Zip Code
Miami FL 33131

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

Name of Employer Occupation
Banyan Capital Owner

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 / 1 4 / 2 0 0 9

Transaction ID: SA11AI-124

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Julian F. Montero

Mailing Address 201 S. Biscayne Blvd

City State Zip Code
Miami FL 33131

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

Name of Employer Occupation
RM Attorneys at Law, PA Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI-125

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Philip Shannon

Mailing Address 1076 Flagship Dr

City State Zip Code
Summerland Key FL 33042

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

Name of Employer Occupation
The Shannon Foundation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI-126

Amount of Each Receipt this Period
15200.00

SUBTOTAL of Receipts This Page (optional) ► 17200.00

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 9 / 94

(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Leslie Sternlieb

Mailing Address 90 Edgewater Dr, Suite 1101

City State Zip Code
Coral Gables FL 33133

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

Name of Employer Occupation
Coral Gables Writer

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 4 / 2 0 0 9

Transaction ID: SA11AI-127

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Seretha S. Tinsley

Mailing Address 2705 Country Club Rd

City State Zip Code
Winter Haven FL 33881

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

Name of Employer Occupation
Tinsley Family Concessions, Inc Self-Employed

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: SA11AI-128

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Marc Bell

Mailing Address 6800 Broken Sound Parkway

City State Zip Code
Boca Raton FL 33487

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

Name of Employer Occupation
Marc Bell Capital Partners Managing Partner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15200.00

Date of Receipt

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

Transaction ID: SA11AI-129

Amount of Each Receipt this Period
15200.00

SUBTOTAL of Receipts This Page (optional)

16200.00

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 10 / 94
	<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Lynore Reiseck		Date of Receipt
	Mailing Address 10 Venetian Way, #2303		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 10 / 15 / 2009
	City	State	Zip Code
	Miami	FL	33139
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-130
Name of Employer Square One Debt Settlement		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Skip Straus		Date of Receipt
	Mailing Address 11710 Strand Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 10 / 15 / 2009
	City	State	Zip Code
	Cooper City	FL	33026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-131
Name of Employer Self-Employed		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Nancy Alexis-Calixte		Date of Receipt
	Mailing Address 8910 Miramar Parkway #110		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 10 / 16 / 2009
	City	State	Zip Code
	Miramar	FL	33025
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-132
Name of Employer Miramar Podiatry & Surgery		Occupation Physician-Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL 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 11 / 94
	<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Harold Calixte		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 6729 Camelia Drive		Transaction ID: SA11AI-133
	City Miramar	State FL	Zip Code 33023
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Dade County Water & Sewer	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Merry O'Donnell		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 431 N Lyra Circle		Transaction ID: SA11AI-134
	City Juno Beach	State FL	Zip Code 33408
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30400.00
	Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 30400.00	

C.	Full Name (Last, First, Middle Initial) Basil R. Joseph		Date of Receipt MM / DD / YYYY 10 / 20 / 2009
	Mailing Address 8460 Sunrise Lakes Blvd		Transaction ID: SA11AI-136
	City Sunrise	State FL	Zip Code 33322
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Treasure Queen Tours	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	31400.00
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 / 94
(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Basil R. Joseph

Mailing Address 8460 Sunrise Lakes Blvd

City State Zip Code
Sunrise FL 33322

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

Name of Employer Occupation
Treasure Queen Tours 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 0 / 2 0 0 9

Transaction ID: SA11AI-137

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Rick Matros

Mailing Address 18831 Von Karman, Suite 400

City State Zip Code
Irvine CA 92612

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

Name of Employer Occupation
Sun Healthcare CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI-138

Amount of Each Receipt this Period
30400.00

C.

Full Name (Last, First, Middle Initial)
Eva J. Gomez

Mailing Address 3991 Gulf Shore Blvd N

City State Zip Code
Naples FL 34103

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 ▼ 30400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI-135

Amount of Each Receipt this Period
30400.00

SUBTOTAL of Receipts This Page (optional) ► **61300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 94
(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Nancy A. Kalikow Maxwell

Mailing Address 840 Dade College

City State Zip Code
Davie FL 33325

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

Name of Employer Occupation
Miami Dade College Librarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI-146

Amount of Each Receipt this Period
350.00

B.

Full Name (Last, First, Middle Initial)
Charles L Modica, Jr.

Mailing Address PO Box 3947

City State Zip Code
Boynton Beach FL 33424

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

Name of Employer Occupation
St. George's University Medical School Chancellor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI-147

Amount of Each Receipt this Period
30400.00

C.

Full Name (Last, First, Middle Initial)
Ara Hovanian

Mailing Address 767 Fifth Ave 46th Fl

City State Zip Code
New York NY 10153

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

Name of Employer Occupation
K. Hovnanian Companies, Inc. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI-150

Amount of Each Receipt this Period
15200.00

SUBTOTAL of Receipts This Page (optional) ► **45950.00**

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 14 / 94
	<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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Randall White

Mailing Address 2075 Brentwood Dr., Unit B

City State Zip Code
Houston TX 77019

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

Name of Employer RW Trading Occupation Bond Trader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 18200.00

Date of Receipt: 10 / 22 / 2009

Transaction ID: SA11AI-151

Amount of Each Receipt this Period: 15200.00

B.

Full Name (Last, First, Middle Initial)
Luis Fernandez

Mailing Address 246 Eden Rd

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Florida Crystals Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 10 / 22 / 2009

Transaction ID: SA11AI-152

Amount of Each Receipt this Period: 15000.00

C.

Full Name (Last, First, Middle Initial)
Avram Glazer

Mailing Address 5 Middle Rd

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Manchester United Occupation Co-Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt: 10 / 22 / 2009

Transaction ID: SA11AI-153

Amount of Each Receipt this Period: 15200.00

SUBTOTAL of Receipts This Page (optional) ► 45400.00

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 15 / 94
(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial) Alex Fanjul		Date of Receipt MM / DD / YYYY 10 / 22 / 2009
Mailing Address 110 Chateaux Drive		Transaction ID: SA11AI-154
City Palm Beach	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00
Name of Employer Florida Crystals	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

B.

Full Name (Last, First, Middle Initial) Andres Fanjul		Date of Receipt MM / DD / YYYY 10 / 22 / 2009
Mailing Address 108 Wells Rd		Transaction ID: SA11AI-155
City Palm Beach	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00
Name of Employer Florida Crystals	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

C.

Full Name (Last, First, Middle Initial) Arthur H. Hertz		Date of Receipt MM / DD / YYYY 10 / 22 / 2009
Mailing Address 3195 Ponce De Leon Blvd		Transaction ID: SA11AI-156
City Coral Gables	State FL	Zip Code 33134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30400.00
Name of Employer Wometco Enterprises Inc.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30400.00	

SUBTOTAL of Receipts This Page (optional)	▶	60400.00
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 16 / 94		
	<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

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NAME OF COMMITTEE (In Full)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Aleyda Mas		Date of Receipt
	Mailing Address 11855 SW 60 Ave		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Miami	FL	33156
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-157
Name of Employer N/A		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30400.00"/>
		<input type="text" value="30400.00"/>	

B.	Full Name (Last, First, Middle Initial) Turmane Ropos		Date of Receipt
	Mailing Address 5000 N Ocean Blvd		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Fort Lauderdale	FL	33308
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-158
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Barbara Ann Rubin		Date of Receipt
	Mailing Address PO Box 970156		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Boca Raton	FL	33497
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-159
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="31400.00"/>
TOTAL 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: PAGE 17 / 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Seretha S. Tinsley

Mailing Address 2705 Country Club Rd

City State Zip Code
Winter Haven FL 33881

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

Name of Employer
Tinsley Family Concession-
s, Inc Occupation
Self-Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: SA11AI-160

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Stephen Maker

Mailing Address 1541 Brickell Ave, Apt 1805

City State Zip Code
Miami FL 33129

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

Name of Employer
AXA Advisors Occupation
Registered Representative

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	/	2	3	/	2	0	0	9

Transaction ID: SA11AI-162

Amount of Each Receipt this Period
500.00

* Conduit: Actblue

C. Full Name (Last, First, Middle Initial)
Chris Tadros

Mailing Address 133781 NW 21st Street

City State Zip Code
Pembroke Pines FL 33028

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

Name of Employer
Tapalian & Tadros, PC Occupation
Attorney

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	/	2	3	/	2	0	0	9

Transaction ID: SA11AI-163

Amount of Each Receipt this Period
500.00

* Conduit: Actblue

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 18 / 94
	<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Farooq Mitha	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 400 Windermere Dr.	Transaction ID: SA11AI-164
	City State Zip Code Lakeland FL 33809	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation David Geller, PA Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	* Conduit: Actblue

B.	Full Name (Last, First, Middle Initial) Barbara Lindsay	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 212 Caribbean Rd	Transaction ID: SA11AI-165
	City State Zip Code Palm Beach FL 33480	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed Real Estate Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	* Conduit: Actblue

C.	Full Name (Last, First, Middle Initial) Diana Dawson	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 550 Southwest Mizner Blvd Apt 510	Transaction ID: SA11AI-166
	City State Zip Code Boca Raton TX 33432	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation N/A Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	* Conduit: Actblue

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 19 / 94
(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Mary Reed

Mailing Address 231 Chilean Ave

City State Zip Code
Palm Beach FL 33480

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
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-167

Amount of Each Receipt this Period
500.00

* Conduit: Actblue

B.

Full Name (Last, First, Middle Initial)
Rachel Love

Mailing Address 216 Garden Rd

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Self-Employed Occupation Real Estate

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 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-168

Amount of Each Receipt this Period
500.00

* Conduit: Actblue

C.

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

Mailing Address 3475 Belmont Terrace

City State Zip Code
Davie FL 33328

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

Name of Employer City Medical Services Occupation Business Owner

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 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-170

Amount of Each Receipt this Period
500.00

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 20 / 94

(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Ozzie Bloom

Mailing Address 6617 Stratford Dr.

City State Zip Code
Parkland FL 33067

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

Name of Employer Occupation
Inpatient Clinical Solutions CEO

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 3 / 2 0 0 9

Transaction ID: SA11AI-171

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Michael D. Cohen

Mailing Address 1800 S Ocean Blvd Apt 1006

City State Zip Code
Pompano Beach FL 33062

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

Name of Employer Occupation
Investor Self-Employed

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-172

Amount of Each Receipt this Period

30400.00

C.

Full Name (Last, First, Middle Initial)
JoAnn Hoffman

Mailing Address 4403 W Tradewinds Ave

City State Zip Code
Lauderdale Sea FL 33308

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

Name of Employer Occupation
Attorneys JoAnn Hoffman, Moore & Perez Attorney

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 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-174

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

31900.00

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 21 / 94
(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Jean P. Soman

Mailing Address 11191 SW 60th Ave

City State Zip Code
Pinecrest FL 33156

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

Name of Employer Self-Employed Occupation
Author

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 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-175

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Robert M Levy & Associates

Mailing Address 780 NE 69th Street, #17003

City State Zip Code
Miami FL 33138

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI-179

Amount of Each Receipt this Period
500.00

See Partnership Breakdown

C.

Full Name (Last, First, Middle Initial)
Paul Martin

Mailing Address 657 N Greenway Dr

City State Zip Code
Coral Gables FL 33134

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

Name of Employer U of Miami Occupation
Physician

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 / 2 6 / 2 0 0 9

Transaction ID: SA11AI-181

Amount of Each Receipt this Period
500.00

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 22 / 94
(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Charles Barton

Mailing Address 16499 Northeast 19th Ave
Suite 213

City North Miami Beach State FL Zip Code 33162

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

Name of Employer Self-Employed Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2009

Transaction ID: SA11AI-183

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Gwen Margolis

Mailing Address 2 Grove Isle Drive #209

City Miami State FL Zip Code 33133

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 / 26 / 2009

Transaction ID: SA11AI-184

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Zahra Rahman

Mailing Address 9439 NW 54th Doral Ln

City Miami State FL Zip Code 33178

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

Name of Employer Bell Inc. Occupation Self-Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2009

Transaction ID: SA11AI-185

Amount of Each Receipt this Period 500.00

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 23 / 94

(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Susy Ribero-Ayala

Mailing Address 1100 Catalonia Ave

City State Zip Code
Coral Gables FL 33134

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

Name of Employer Occupation
Self-Employed Lawyer

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI-186

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Barbara Ann Rubin

Mailing Address PO Box 970156

City State Zip Code
Boca Raton FL 33497

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

Name of Employer Occupation
N/A Retired

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI-187

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Stephen Sauls

Mailing Address 1200 West Ave Apt 1216

City State Zip Code
Miami Beach FL 33139

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

Name of Employer Occupation
Florida International University Educator

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI-188

Amount of Each Receipt this Period

500.00

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 24 / 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Eric Sisser

Mailing Address 2665 S. Bayshore Dr
Suite 1200

City State Zip Code
Coconut Grove FL 33133

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

Name of Employer Eric R. Sisser Inc. Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 26 / 2009
Transaction ID: SA11AI-189
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Robert M Levy & Associates

Mailing Address 780 NE 69th Street, #17003

City State Zip Code
Miami FL 33138

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 26 / 2009
Transaction ID: SA11AI-190
Amount of Each Receipt this Period: 1000.00
See Partnership Breakdown

C. Full Name (Last, First, Middle Initial)
Mitchell W. Berger

Mailing Address 7121 NW 65th Terrace

City State Zip Code
Parkland FL 33067

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 28 / 2009
Transaction ID: SA11AI-193
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 25 / 94
	<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Barry Cooper	Date of Receipt MM / DD / YYYY 10 / 28 / 2009
	Mailing Address 100 South Point Dr, Suite 3304	Transaction ID: SA11AI-194
	City State Zip Code Miami FL 33139	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Self-Employed Attorney	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Gregory Haile	Date of Receipt MM / DD / YYYY 10 / 28 / 2009
	Mailing Address 50 NE 131 St	Transaction ID: SA11AI-195
	City State Zip Code North Miami FL 33161	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Self-Employed Attorney	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Leonard Samuels	Date of Receipt MM / DD / YYYY 10 / 28 / 2009
	Mailing Address 10461 N Lake Vista Circle	Transaction ID: SA11AI-196
	City State Zip Code Davie FL 33328	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Self-Employed Attorney	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
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 26 / 94
	<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Raysa Fanjul	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 9
	Mailing Address 1 North Clematis St, Suite 200	Transaction ID: SA11AI-198
	City State Zip Code West Palm Beach FL 33401	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 15000.00	

B.	Full Name (Last, First, Middle Initial) Jose A Costa, Jr.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 9
	Mailing Address 22290 SW 162nd Ave	Transaction ID: SA11AI-200
	City State Zip Code Miami FL 33176	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Costa Farms Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 10000.00	

C.	Full Name (Last, First, Middle Initial) Jim Piccillo	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 9
	Mailing Address 3450 Stable Ridge Lane	Transaction ID: SA11AI-201
	City State Zip Code Land O Lakes FL 34639	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Small Business Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	* Conduit: Actblue

SUBTOTAL of Receipts This Page (optional)	25500.00
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 / 94
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Fletcher Paschal	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 1744 NW 192nd St	Transaction ID: SA11AI-202
	City State Zip Code Maimi Gardens FL 33056	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	* Conduit: Actblue
	Name of Employer Occupation Self-Employed Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) Randall White	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 2075 Brentwood Dr., Unit B	Transaction ID: SA11AI-203
	City State Zip Code Houston TX 77019	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	* Conduit: Actblue
	Name of Employer Occupation RW Trading Bond Trader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18200.00	

C.	Full Name (Last, First, Middle Initial) Gladys Hernando	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 5760 Lagorce Drive	Transaction ID: SA11AI-204
	City State Zip Code Miami Beach FL 33140	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	* Conduit: Actblue
	Name of Employer Occupation DOS Health Management Project Development Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
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 / 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Elaine Richman
Mailing Address 1045 NE 125th
City North Miami State FL Zip Code 33161
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 / 29 / 2009
Transaction ID: SA11AI-205
Amount of Each Receipt this Period 500.00
* Conduit: Actblue

B. Full Name (Last, First, Middle Initial)
Frederico Gagliardi
Mailing Address 6365 Collins Ave Apt 1603
City Miami Beach State FL Zip Code 33141
FEC ID number of contributing federal political committee. **C**
Name of Employer Kraft Foods Occupation Dir for Latin America
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 29 / 2009
Transaction ID: SA11AI-206
Amount of Each Receipt this Period 1000.00
* Conduit: Actblue

C. Full Name (Last, First, Middle Initial)
Michael Dinko
Mailing Address 13300 S Cleveland Ave Ste 56
City Fort Myers State FL Zip Code 33907
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Insurance Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 29 / 2009
Transaction ID: SA11AI-207
Amount of Each Receipt this Period 500.00
* Conduit: Actblue

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 29 / 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Marcelle Daussy-Jones

Mailing Address 9511 Collins Ave Apt 1201

City State Zip Code
Surfside FL 33154

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

Name of Employer Roman Jones Company Occupation Assistant

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11AI-208

Amount of Each Receipt this Period
500.00

* Conduit: Actblue

B. Full Name (Last, First, Middle Initial)
Phillis Oeters

Mailing Address 6812 San Vicente

City State Zip Code
Coral Gables FL 33146

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

Name of Employer Baptist Health South Florida Occupation VP of Gov't and Community Relations

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11AI-209

Amount of Each Receipt this Period
500.00

* Conduit: Actblue

C. Full Name (Last, First, Middle Initial)
Sara Adler

Mailing Address 1900 Sunset Harbour Dr.

City State Zip Code
Miami Beach FL 33139

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

Name of Employer Adler Group, Inc. Occupation Executive Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11AI-210

Amount of Each Receipt this Period
5000.00

* Conduit: Actblue

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Christopher Korge
Mailing Address 230 Palmermo Ave
City State Zip Code
Coral Gables FL 33134
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Korge Law Attorney
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 10000.00
Date of Receipt: 10 / 29 / 2009
Transaction ID: SA11AI-211
Amount of Each Receipt this Period: 10000.00
* Conduit: Actblue

B. Full Name (Last, First, Middle Initial)
Lawrence Petrosky, Jr.
Mailing Address 11216 SW Pembroke Dr
City State Zip Code
Port Saint Lucie FL 34987
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed Engineer
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt: 10 / 29 / 2009
Transaction ID: SA11AI-212
Amount of Each Receipt this Period: 1000.00
* Conduit: Actblue

C. Full Name (Last, First, Middle Initial)
Donna Artes
Mailing Address PO Box 244335
City State Zip Code
Boynton Beach FL 33424
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Coldwell Banker Realtor
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt: 10 / 29 / 2009
Transaction ID: SA11AI-213
Amount of Each Receipt this Period: 1000.00
* Conduit: Actblue

SUBTOTAL of Receipts This Page (optional) ► 12000.00
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 / 94

(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Chris Findlater

Mailing Address PO Box 398024

City State Zip Code
Miami Beach FL 33239

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed
Occupation Entrepreneur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11AI-214

Amount of Each Receipt this Period
15200.00

* Conduit: Actblue

B.

Full Name (Last, First, Middle Initial)
Michael Adler

Mailing Address 1400 NW 107th Ave

City State Zip Code
Doral FL 33172

FEC ID number of contributing federal political committee. C

Name of Employer Adler Group
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11AI-215

Amount of Each Receipt this Period
10000.00

* Conduit: Actblue

C.

Full Name (Last, First, Middle Initial)
Joan Klipping

Mailing Address 355 South Teller Street Ste 350

City State Zip Code
Lakewood CO 80226

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed
Occupation Artist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11AI-216

Amount of Each Receipt this Period
15200.00

* Conduit: Actblue

SUBTOTAL of Receipts This Page (optional) 40400.00

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 32 / 94
	<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Stanley Gold	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 12529 Imperial Isle Dr Apt 203	Transaction ID: SA11AI-217
	City State Zip Code Boynton FL 33437	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Not Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	* Conduit: Actblue

B.	Full Name (Last, First, Middle Initial) Jose Allongo, Jr	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 601 N Atlantic Dr	Transaction ID: SA11AI-218
	City State Zip Code Lantana FL 33462	Amount of Each Receipt this Period 15200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 15200.00	* Conduit: Actblue

C.	Full Name (Last, First, Middle Initial) Raymond Gonzalez	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 13831 SW 34th St	Transaction ID: SA11AI-219
	City State Zip Code Miami FL 33175	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Miami Dade Ambulance Service Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00	* Conduit: Actblue

SUBTOTAL of Receipts This Page (optional)	▶	26200.00
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 / 94

(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Amarilis Osorio

Mailing Address 15 Star Island Dr

City State Zip Code
Miami Beach FL 33139

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt M M / D D / Y Y Y Y
10 / 29 / 2009

Transaction ID: SA11AI-220

Amount of Each Receipt this Period 30400.00

* Conduit: Actblue

B.

Full Name (Last, First, Middle Initial)
Rudolph Moise

Mailing Address 12947 Equestrian Dr

City State Zip Code
Davies FL 33328

FEC ID number of contributing federal political committee. C

Name of Employer Community Health Center LLC Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 20000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 29 / 2009

Transaction ID: SA11AI-221

Amount of Each Receipt this Period 20000.00

* Conduit: Actblue

C.

Full Name (Last, First, Middle Initial)
Bernyce Adler

Mailing Address 10101 Collins Ave, Apt 16-E

City State Zip Code
Miami Beach FL 33154

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 29 / 2009

Transaction ID: SA11AI-222

Amount of Each Receipt this Period 10000.00

* Conduit: Actblue

SUBTOTAL of Receipts This Page (optional) 60400.00

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 34 / 94

(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Michael Boscato

Mailing Address 400 South Point Dr
Apt 1410

City State Zip Code
Miami Beach FL 33139

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

Name of Employer Occupation
Saphilo COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 20000.00

Date of Receipt

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

Transaction ID: SA11AI-223

Amount of Each Receipt this Period

20000.00

* Conduit: Actblue

B.

Full Name (Last, First, Middle Initial)
Deanna Berkson

Mailing Address 7379 Sarimento Place

City State Zip Code
Delray Beach FL 33446

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

Name of Employer Occupation
Self-Employed Advertising Writer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

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

Transaction ID: SA11AI-224

Amount of Each Receipt this Period

10000.00

* Conduit: Actblue

C.

Full Name (Last, First, Middle Initial)
Sharon Samuels

Mailing Address 5825 SW 119th Street

City State Zip Code
Coral Gables FL 33156

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 ▼ 10000.00

Date of Receipt

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

Transaction ID: SA11AI-225

Amount of Each Receipt this Period

10000.00

* Conduit: Actblue

SUBTOTAL of Receipts This Page (optional)

40000.00

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 35 / 94

(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Constance Miller

Mailing Address 1470 Northeast 123rd St
Condo 604

City State Zip Code
Miami FL 33161

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Miami Dade College Professor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2009

Transaction ID: SA11AI-226

Amount of Each Receipt this Period
1000.00

* Conduit: Actblue

B.

Full Name (Last, First, Middle Initial)
Mary Kay Vona

Mailing Address 3112 W Oakellar Ave

City State Zip Code
Tampa FL 33611

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AON Consulting Firm Executive

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2009

Transaction ID: SA11AI-227

Amount of Each Receipt this Period
1000.00

* Conduit: Actblue

C.

Full Name (Last, First, Middle Initial)
Lisa Sloat

Mailing Address 1 Grove Isle Drive #1603

City State Zip Code
Miami FL 33133

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
10 / 29 / 2009

Transaction ID: SA11AI-228

Amount of Each Receipt this Period
500.00

* Conduit: Actblue

SUBTOTAL of Receipts This Page (optional) 2500.00

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 36 / 94
	<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Henry Klein	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 1 Grove Isle Drive #1603	Transaction ID: SA11AI-229
	City State Zip Code Miami FL 33133	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Real Estate Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	* Conduit: Actblue

B.	Full Name (Last, First, Middle Initial) Arnold Cohen	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 500 Bayview Dr., Apt 1120	Transaction ID: SA11AI-230
	City State Zip Code Sunny Isles Beach FL 33160	Amount of Each Receipt this Period 15200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 15200.00	* Conduit: Actblue

C.	Full Name (Last, First, Middle Initial) Justine Postal	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 609 Piedmont Rd	Transaction ID: SA11AI-231
	City State Zip Code West Palm Beach FL 33405	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	* Conduit: Actblue

SUBTOTAL of Receipts This Page (optional)	16200.00
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 37 / 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Dina Heffernan
 Mailing Address 7570 Estrella Circle
 City State Zip Code
 Boca Raton FL 33433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 10 / 29 / 2009
Transaction ID: SA11AI-232
 Amount of Each Receipt this Period 500.00
 * Conduit: Actblue

B. Full Name (Last, First, Middle Initial)
Benjamin Lap
 Mailing Address 320 N Gordon Rd
 City State Zip Code
 Fort Lauderdale FL 33300-1
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bio Centinal Pharma LLC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 10 / 29 / 2009
Transaction ID: SA11AI-233
 Amount of Each Receipt this Period 500.00
 * Conduit: Actblue

C. Full Name (Last, First, Middle Initial)
Yolanda Escollies
 Mailing Address 5333 Collins Ave #1106
 City State Zip Code
 Miami Beach FL 33140
 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 / 29 / 2009
Transaction ID: SA11AI-234
 Amount of Each Receipt this Period 500.00
 * Conduit: Actblue

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: (check only one)	PAGE 38 / 94
	<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Karen Adler	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 9
	Mailing Address 115 Central Park West, #6B	Transaction ID: SA11AI-235
	City State Zip Code New York NY 10023	Amount of Each Receipt this Period 2250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Adler Group, Inc. Occupation: Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4750.00	* Conduit: Actblue

B.	Full Name (Last, First, Middle Initial) Karen Adler	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 9
	Mailing Address 115 Central Park West, #6B	Transaction ID: SA11AI-600
	City State Zip Code New York NY 10023	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Adler Group, Inc. Occupation: Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4750.00	* Conduit: Actblue

C.	Full Name (Last, First, Middle Initial) Eugene Goldstein	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 9
	Mailing Address 244 Gano St	Transaction ID: SA11AI-236
	City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Goldstein and Associates Occupation: Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	* Conduit: Actblue

SUBTOTAL of Receipts This Page (optional)	5750.00
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 39 / 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Sandra Lansing

Mailing Address 160 Biscay

City State Zip Code
Bal Harbour FL 33154

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 / 29 / 2009
Transaction ID: SA11AI-237
Amount of Each Receipt this Period: 500.00
* Conduit: Actblue

B. Full Name (Last, First, Middle Initial)
Gary Andrews

Mailing Address 306 Golf Club Dr

City State Zip Code
Santa Rose Beach FL 32459

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

Name of Employer DeTect, Inc. Occupation Owner/Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 29 / 2009
Transaction ID: SA11AI-239
Amount of Each Receipt this Period: 250.00
* Conduit: Actblue

C. Full Name (Last, First, Middle Initial)
Victoria Diaz

Mailing Address 204 Loganberry Court

City State Zip Code
Louisville KY 40207

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 ▼ 30400.00

Date of Receipt: 10 / 29 / 2009
Transaction ID: SA11AI-241
Amount of Each Receipt this Period: 30400.00

SUBTOTAL of Receipts This Page (optional) ► **31150.00**

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 40 / 94
	<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) William Lehman, Jr.	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 21400 NW 2nd Ave	Transaction ID: SA11AI-242
	City State Zip Code Miami FL 33169	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer William Lehman Auto Dealers	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Sima Miska	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 12835 SW 75th Avenue	Transaction ID: SA11AI-243
	City State Zip Code Miami FL 33156	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Barbara Stiefel	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 700 Coral Way #3	Transaction ID: SA11AI-244
	City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 60800.00
	FEC ID number of contributing federal political committee. C	
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60800.00	

SUBTOTAL of Receipts This Page (optional)	64300.00
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 41 / 94
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Gibril Wilson

Mailing Address 20 10th Street NW

City Atlanta State GA Zip Code 30309

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

Name of Employer Miami Dolphins Occupation Football Player

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 10 / 29 / 2009
Transaction ID: SA11AI-245
 Amount of Each Receipt this Period 15000.00

B. Full Name (Last, First, Middle Initial)
Fowler Rodriguez Valdes-Fauli

Mailing Address 400 Poydras Street
30th Floor

City New Orleans State LA Zip Code 70130

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 31 / 2009
Transaction ID: SA11AI-252
 Amount of Each Receipt this Period 10000.00

See Partnership Breakdown

C. Full Name (Last, First, Middle Initial)
Jeffrey Rittenberg

Mailing Address 15455 W Dixie Highway Suite D

City North Miami Beach State FL Zip Code 33162

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

Name of Employer SurfMed Inc Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2009
Transaction ID: SA11AI-275
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 25500.00

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 42 / 94
(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial) Fred A. Cunningham		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 2401 PGA Blvd Suite 140		Transaction ID: SA11AI-276
City Palm Beach Gardens	State FL	Zip Code 33410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Stawson, Cunningham, Whalen & Gaspar	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

B.

Full Name (Last, First, Middle Initial) Frank Holder		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 2825 Coconut Ave		Transaction ID: SA11AI-285
City Miami	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00
Name of Employer FTI Consulting	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

C.

Full Name (Last, First, Middle Initial) Scott Srebnick		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 6686 Roxbury Ln		Transaction ID: SA11AI-286
City Miami	State FL	Zip Code 33141
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	35000.00
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 43 / 94
	<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)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Anamaria Campos

Mailing Address PO Box 21511

City Fort Lauderdale State FL Zip Code 33335

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

Name of Employer Dr. Myles Krieger Occupation Healthcare

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2009

Transaction ID: SA11AI-291

Amount of Each Receipt this Period 500.00

* Conduit: Actblue

B. Full Name (Last, First, Middle Initial)
Roderick Breen

Mailing Address 14630 South River Dr.

City Miami State FL Zip Code 33167

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 / 05 / 2009

Transaction ID: SA11AI-292

Amount of Each Receipt this Period 500.00

* Conduit: Actblue

C. Full Name (Last, First, Middle Initial)
Leonard Abess, Jr.

Mailing Address 100 SE 32nd Rd

City Miami State FL Zip Code 33129

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

Name of Employer City National Bank of FL Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 17 / 2009

Transaction ID: SA11AI-301

Amount of Each Receipt this Period 1000.00

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 44 / 94
(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial) Robert M. Levy		Date of Receipt MM / DD / YYYY 10 / 23 / 2009	
Mailing Address 780 NE 69th St, #1703		Transaction ID: SA11AI-176	
City Miami	State FL	Zip Code 33138	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		[MEMO ITEM] ROBERTMLEVY&ASSOC Partner-ship	
Name of Employer Robert M Levy & Associates	Occupation Partner	Aggregate Year-to-Date 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) Robert M. Levy		Date of Receipt MM / DD / YYYY 10 / 26 / 2009	
Mailing Address 780 NE 69th St, #1703		Transaction ID: SA11AI-191	
City Miami	State FL	Zip Code 33138	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		[MEMO ITEM] ROBERTMLEVY&ASSOC Partner-ship	
Name of Employer Robert M Levy & Associates	Occupation Partner	Aggregate Year-to-Date 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Delos Flint		Date of Receipt MM / DD / YYYY 10 / 31 / 2009	
Mailing Address 400 Poydras Street 30th Fl		Transaction ID: SA11AI-253	
City New Orleans	State LA	Zip Code 70130	Amount of Each Receipt this Period 672.36
FEC ID number of contributing federal political committee. C		[MEMO ITEM] FOWLERRODRIGUEZ Partnersh- ip	
Name of Employer Fowler Rodríguez Valdes-F- auli	Occupation Partner	Aggregate Year-to-Date 672.36	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	0.00
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 45 / 94
(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial) George Fowler III		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 400 Poydras Street 30th Floor		Transaction ID: SA11AI-254
City New Orleans	State LA	Zip Code 70130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2305.23
Name of Employer Fowler Rodriguez Valdes-F-auli	Occupation Partner	[MEMO ITEM] FOWLERRODRIGUEZ Partnersh- ip
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2305.23	

B.

Full Name (Last, First, Middle Initial) Mat Gray		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 400 Poydras Street 30th Floor		Transaction ID: SA11AI-255
City New Orleans	State LA	Zip Code 70130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 597.66
Name of Employer Fowler Rodriguez Valdes-F-auli	Occupation Partner	[MEMO ITEM] FOWLERRODRIGUEZ Partnersh- ip
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 597.66	

C.

Full Name (Last, First, Middle Initial) Robert Johnston		Date of Receipt MM / DD / YYYY 10 / 31 / 2009
Mailing Address 400 Poydras Street 30th Floor		Transaction ID: SA11AI-256
City New Orleans	State LA	Zip Code 70130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 586.98
Name of Employer Fowler Rodriguez Valdes-F-auli	Occupation Partner	[MEMO ITEM] FOWLERRODRIGUEZ Partnersh- ip
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 586.98	

SUBTOTAL of Receipts This Page (optional)	0.00
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 46 / 94
(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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Edward Lebreton		Date of Receipt MM / DD / YYYY 10 / 31 / 2009		
	Mailing Address 400 Poydras Street 30th Floor		Transaction ID: SA11AI-257		
	City New Orleans	State LA	Zip Code 70130	Amount of Each Receipt this Period 608.32	
	FEC ID number of contributing federal political committee. C		[MEMO ITEM] FOWLERRODRIGUEZ Partnersh- ip		
	Name of Employer Fowler Rodriguez Valdes-F- auli	Occupation Partner	Aggregate Year-to-Date 608.32		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Daniel Lichtl		Date of Receipt MM / DD / YYYY 10 / 31 / 2009		
	Mailing Address 400 Poydras Street 30th Floor		Transaction ID: SA11AI-258		
	City New Orleans	State LA	Zip Code 70130	Amount of Each Receipt this Period 779.08	
	FEC ID number of contributing federal political committee. C		[MEMO ITEM] FOWLERRODRIGUEZ Partnersh- ip		
	Name of Employer Fowler Rodriguez Valdes-F- auli	Occupation Partner	Aggregate Year-to-Date 779.08		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Michael McCoy		Date of Receipt MM / DD / YYYY 10 / 31 / 2009		
	Mailing Address 400 Poydras Street 30th Floor		Transaction ID: SA11AI-259		
	City New Orleans	State LA	Zip Code 70130	Amount of Each Receipt this Period 960.51	
	FEC ID number of contributing federal political committee. C		[MEMO ITEM] FOWLERRODRIGUEZ Partnersh- ip		
	Name of Employer Fowler Rodriguez Valdes-F- auli	Occupation Partner	Aggregate Year-to-Date 960.51		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	0.00
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 47 / 94
	<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Antonio Rodriguez		Date of Receipt
	Mailing Address 400 Poydras Street 30th Floor		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	New Orleans	LA	70130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-260
Name of Employer Fowler Rodriguez Valdes-Fauli		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1803.62	<input type="text"/> 1803.62
[MEMO ITEM] FOWLERRODRIGUEZ Partnersh ip			

B.	Full Name (Last, First, Middle Initial) Thomas Strickland		Date of Receipt
	Mailing Address 400 Poydras Street 30th Floor		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	New Orleans	LA	70130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-261
Name of Employer Fowler Rodriguez Valdes-Fauli		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 608.32	<input type="text"/> 608.32
[MEMO ITEM] FOWLERRODRIGUEZ Partnersh ip			

C.	Full Name (Last, First, Middle Initial) Norman Sullivan, Jr.		Date of Receipt
	Mailing Address 400 Poydras Street 30th Floor		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	City	State	Zip Code
	New Orleans	LA	70130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-262
Name of Employer Fowler Rodriguez Valdes-Fauli		Occupation Partner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.26	<input type="text"/> 480.26
[MEMO ITEM] FOWLERRODRIGUEZ Partnersh ip			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 0.00
TOTAL 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: PAGE 48 / 94

(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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
Jon Wise

Mailing Address 400 Poydras Street
30th Floor

City State Zip Code
New Orleans LA 70130

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

Name of Employer Occupation
Fowler Rodriguez Valdes-F-auli Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
597.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	9

Transaction ID: SA11AI-263

Amount of Each Receipt this Period

597.66

[MEMO ITEM]

FOWLERRODRIGUEZ Partnersh-
ip

B.

Full Name (Last, First, Middle Initial)
Actblue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: SA11AI-352

Amount of Each Receipt this Period

0.00

*Total Earmarked 1/1/09-
12/31/09

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

791950.00

**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)

<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-246 Date of Disbursement
	Mailing Address PO Box 15731	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Wilmington State DE Zip Code 19886-5731	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="25.00"/>
	Candidate Name	<input type="text" value=""/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-108 Date of Disbursement
	Mailing Address PO Box 15731	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Wilmington State DE Zip Code 19886-5731	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering/Facilities	<input type="text" value="11874.52"/>
	Candidate Name	<input type="text" value="003"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type
		See Attached Memo Entry

C.	Full Name (Last, First, Middle Initial) Mandarin Oriental	Transaction ID: SB21B-108-10000 Date of Disbursement
	Mailing Address 1330 Maryland Ave SW	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20024	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering/Facilities	<input type="text" value="11874.52"/>
	Candidate Name	<input type="text" value="003"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type
		[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11899.52"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Hargrove Inc	Transaction ID: SB21B-109 Date of Disbursement																			
	Mailing Address One Hargrove Dr	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	9												
	City Lanham State MD Zip Code 20706	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Catering/Facilities	<table border="1"><tr><td>546.25</td></tr></table>	546.25																		
546.25																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Pattie Ogle	Transaction ID: SB21B-110 Date of Disbursement																			
	Mailing Address 1201 South Barton St., #105	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	9												
	City Arlington State VA Zip Code 22204	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Catering/Facilities	<table border="1"><tr><td>180.00</td></tr></table>	180.00																		
180.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

See Attached Memo Entry

C.	Full Name (Last, First, Middle Initial) Mandarin Oriental	Transaction ID: SB21B-110-10000 Date of Disbursement																			
	Mailing Address 1330 Maryland Ave SW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
	City Washington State DC Zip Code 20024	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Catering/Facilities	<table border="1"><tr><td>180.00</td></tr></table>	180.00																		
180.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>726.25</td></tr></table>	726.25
726.25		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Pattie Ogle	Transaction ID: SB21B-111 Date of Disbursement 10 / 02 / 2009
	Mailing Address 1201 South Barton St., #105	Amount of Each Disbursement this Period 123.92
	City Arlington State VA Zip Code 22204	
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Yates Baroody	Transaction ID: SB21B-112 Date of Disbursement 10 / 02 / 2009
	Mailing Address 2414 Tunlaw Rd NW	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Carmela Clendening	Transaction ID: SB21B-113 Date of Disbursement 10 / 02 / 2009
	Mailing Address 1390 Kenyon Street NW Apt 404	Amount of Each Disbursement this Period 33.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	186.92
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 94

<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Fontainebleau Miami Beach	Transaction ID: SB21B-121 Date of Disbursement																			
	Mailing Address 4441 Collins Ave	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	0	9												
	City Miami Beach State FL Zip Code 33180	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Catering/Facilities	<table border="1"><tr><td>30000.00</td></tr></table>	30000.00																		
30000.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-247 Date of Disbursement																			
	Mailing Address PO Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	9												
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Fees	<table border="1"><tr><td>1467.90</td></tr></table>	1467.90																		
1467.90																					
	Candidate Name	<table border="1"><tr><td></td></tr></table> Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-248 Date of Disbursement																			
	Mailing Address PO Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	9												
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Fees	<table border="1"><tr><td>541.80</td></tr></table>	541.80																		
541.80																					
	Candidate Name	<table border="1"><tr><td></td></tr></table> Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>32009.70</td></tr></table>	32009.70
32009.70		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 53 / 94

<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Krista Jenusaitis	Transaction ID: SB21B-140 Date of Disbursement 10 / 21 / 2009
	Mailing Address 1673 Columbia Rd #108	Amount of Each Disbursement this Period 120.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Yates Baroody	Transaction ID: SB21B-141 Date of Disbursement 10 / 21 / 2009
	Mailing Address 2414 Tunlaw Rd NW	Amount of Each Disbursement this Period 120.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Travel Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Laura Rose	Transaction ID: SB21B-142 Date of Disbursement 10 / 21 / 2009
	Mailing Address 1722 19th St NW #703	Amount of Each Disbursement this Period 120.00
	City Wshington State DC Zip Code 20009	
	Purpose of Disbursement Travel Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	360.00
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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Lindsay Brown	Transaction ID: SB21B-143 Date of Disbursement
	Mailing Address 1245 13th St NW #103	<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Per Diem	<input type="text" value="120.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lindsey Melander	Transaction ID: SB21B-144 Date of Disbursement
	Mailing Address 631 D St NW #230	<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Per Diem	<input type="text" value="120.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Missy Kurek	Transaction ID: SB21B-145 Date of Disbursement
	Mailing Address 1741 U St NW Apt 1	<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Per Diem	<input type="text" value="120.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="360.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Louisa Whitney	Transaction ID: SB21B-139 Date of Disbursement 10 / 21 / 2009
	Mailing Address 1701 16th St NW	Amount of Each Disbursement this Period 120.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Fontainebleau Miami Beach	Transaction ID: SB21B-173 Date of Disbursement 10 / 23 / 2009
	Mailing Address 4441 Collins Ave	Amount of Each Disbursement this Period 30000.00
	City Miami Beach State FL Zip Code 33180	
	Purpose of Disbursement Catering/Facilities	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-249 Date of Disbursement 10 / 23 / 2009
	Mailing Address PO Box 53852	Amount of Each Disbursement this Period 957.60
	City Phoenix State AZ Zip Code 85072-3852	
	Purpose of Disbursement Credit Card Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	31077.60
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)

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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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Actblue Technical Services	Transaction ID: SB21B-169 Date of Disbursement
	Mailing Address 14 Arrow St	<input type="text" value="10"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Cambridge State MA Zip Code 02138	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="161.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DNC Travel Offset Account	Transaction ID: SB21B-177 Date of Disbursement
	Mailing Address 430 S Capital St, SE	<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging/Meals	<input type="text" value="43567.71"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-250 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="3395.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="47125.36"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
House Senate Victory Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Actblue Technical Services</p> <p>Mailing Address 14 Arrow St</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-240</p> <p>Date of Disbursement 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 8658.45</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-251</p> <p>Date of Disbursement 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 63.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-321</p> <p>Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 86.63</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8808.08

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)

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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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-320 Date of Disbursement 11 / 02 / 2009
	Mailing Address PO Box 15731	Amount of Each Disbursement this Period 1846.64
	City Wilmington State DE Zip Code 19886-5731	
	Purpose of Disbursement Credit Card Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jessica Tribbe	Transaction ID: SB21B-277 Date of Disbursement 11 / 03 / 2009
	Mailing Address 1614 15th St. NW., #1	Amount of Each Disbursement this Period 80.00
	City Washington State DC Zip Code 20024	
	Purpose of Disbursement Travel Per Diem	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Donna Camellia Meehan	Transaction ID: SB21B-278 Date of Disbursement 11 / 04 / 2009
	Mailing Address 1215 N Scott Street, #11	Amount of Each Disbursement this Period 74.00
	City Arlington State VA Zip Code 22209	
	Purpose of Disbursement Travel/Lodging/Meals	002 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2000.64
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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Donna Camellia Meehan	Transaction ID: SB21B-279 Date of Disbursement
	Mailing Address 1215 N Scott Street, #11	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Per Diem	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Missy Kurek	Transaction ID: SB21B-283 Date of Disbursement
	Mailing Address 1741 U St NW Apt 1	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging/Meals	<input type="text" value="18.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Haylie Rudy	Transaction ID: SB21B-280 Date of Disbursement
	Mailing Address 1668 Kalorama Rd NW	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Per Diem	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="98.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) DC Rental	Transaction ID: SB21B-282 Date of Disbursement
	Mailing Address 3826 South Four Mile Run	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Arlington State VA Zip Code 22206	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering/Facilities	<input type="text" value="226.80"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Write Ideas Communications Inc	Transaction ID: SB21B-284 Date of Disbursement
	Mailing Address 1740 NE 1st Street	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33301	Amount of Each Disbursement this Period
	Purpose of Disbursement Photography	<input type="text" value="810.00"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Edward Marc Chocolatier	Transaction ID: SB21B-281 Date of Disbursement
	Mailing Address 1705 East Carson Street	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Pittsburg State PA Zip Code 15203	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering/Facilities	<input type="text" value="539.50"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1576.30"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

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)
House Senate Victory Fund

<p>A. Full Name (Last, First, Middle Initial) Actblue Technical Services</p> <p>Mailing Address 14 Arrow St</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-322</p> <p>Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 39.50</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Yates Baroody</p> <p>Mailing Address 2414 Tunlaw Rd NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel/Lodging/Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-298</p> <p>Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 152.00</p> <p>Category/Type 002</p>
<p>C. Full Name (Last, First, Middle Initial) Krista Jenusaitis</p> <p>Mailing Address 1673 Columbia Rd #108</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel/Lodging/Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-299</p> <p>Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 102.00</p> <p>Category/Type 002</p>

SUBTOTAL of Disbursements This Page (optional) ▶

293.50

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"/> 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)
House Senate Victory Fund

<p>A. Full Name (Last, First, Middle Initial) Lindsay Brown</p> <p>Mailing Address 1245 13th St NW #103</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel/Lodging/Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-300 Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 12.75</p> <p>002 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Elisa Shyu</p> <p>Mailing Address 333 C Street SE #2</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel/Lodging/Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-295 Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 886.83</p> <p>002 Category/Type</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Florida's Turnpike</p> <p>Mailing Address P.O. Box 9828</p> <p>City Fort Lauderdale State FL Zip Code 33310</p> <p>Purpose of Disbursement Travel/Lodging/Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-295-10000 Date of Disbursement 10 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1.00</p> <p>002 Category/Type</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	899.58
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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Mister Chopstik	Transaction ID: SB21B-295-20000 Date of Disbursement
	Mailing Address 4020 Royal Palm Avenue	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Miami Beach State FL Zip Code 33140	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<input type="text" value="20.97"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Flamingo Taxi	Transaction ID: SB21B-295-30000 Date of Disbursement
	Mailing Address 198 NW 79th St	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Miami State FL Zip Code 33150	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<input type="text" value="40.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) DoubleTree Ocean Point Resort & Spa	Transaction ID: SB21B-295-40000 Date of Disbursement
	Mailing Address 17375 Collins Avenue	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Sunny Isles Beach State FL Zip Code 33160	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<input type="text" value="16.66"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) King Cab Co.	Transaction ID: SB21B-295-50000
	Mailing Address 104 S Henry St	Date of Disbursement 10 / 26 / 2009
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Fontainebleau	Transaction ID: SB21B-295-60000
	Mailing Address 4441 Collins Ave	Date of Disbursement 10 / 25 / 2009
	City Miami Beach State FL Zip Code 33140	Amount of Each Disbursement this Period 18.00
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-295-70000
	Mailing Address 11711 E Pine St	Date of Disbursement 10 / 23 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 770.20
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)	0.00
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"/> 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)
House Senate Victory Fund

<p>A. Full Name (Last, First, Middle Initial) Missy Kurek</p> <p>Mailing Address 1741 U St NW Apt 1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel/Lodging/Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-296 Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 29.50</p> <p>Category/Type 002</p>
<p>B. Full Name (Last, First, Middle Initial) Laura Rose</p> <p>Mailing Address 1722 19th St NW #703</p> <p>City Wshington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel/Lodging/Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-297 Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 183.30</p> <p>Category/Type 002</p>
<p>C. Full Name (Last, First, Middle Initial) Clarence William Nelson</p> <p>Mailing Address 426 C Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel/Lodging/Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-304 Date of Disbursement 11 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 272.80</p> <p>Category/Type 002</p>

SUBTOTAL of Disbursements This Page (optional) ▶

485.60

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"/> 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)
House Senate Victory Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 15731</p> <p>City Wilmington State DE Zip Code 19886-5731</p> <p>Purpose of Disbursement Catering/Facilities Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-305 Date of Disbursement 11 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 5497.37</p> <p>003 Category/Type</p> <p>See Attached Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Four Points by Sheraton</p> <p>Mailing Address 4343 Collins Ave</p> <p>City Miami Beach State FL Zip Code 33140</p> <p>Purpose of Disbursement Catering/Facilities Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-305-10000 Date of Disbursement 10 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 350.30</p> <p>003 Category/Type</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Nuage Designs</p> <p>Mailing Address 7201 NE 4th Ave</p> <p>City Miami State FL Zip Code 33138</p> <p>Purpose of Disbursement Catering/Facilities Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-305-20000 Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 525.00</p> <p>003 Category/Type</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5497.37

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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Parrish Design of London	Transaction ID: SB21B-305-30000
	Mailing Address 3223 NE 2nd Ave	Date of Disbursement 10 / 26 / 2009
	City Miami State FL Zip Code 33155	Amount of Each Disbursement this Period 2119.00
	Purpose of Disbursement Catering/Facilities Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Someone's in the Kitchen	Transaction ID: SB21B-305-40000
	Mailing Address 5973 Reseda Blvd	Date of Disbursement 10 / 08 / 2009
	City Tarzana State CA Zip Code 91356	Amount of Each Disbursement this Period 2503.07
	Purpose of Disbursement Catering/Facilities Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-306
	Mailing Address PO Box 15731	Date of Disbursement 11 / 18 / 2009
	City Wilmington State DE Zip Code 19886-5731	Amount of Each Disbursement this Period 6859.69
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)	▶	6859.69
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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B-306-10000 Date of Disbursement																			
	Mailing Address 2702 Love Field Dr	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	1		2	0	0	9												
	City Dallas State TX Zip Code 75235	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<table border="1"><tr><td>149.60</td></tr></table>	149.60																		
149.60																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-306-20000 Date of Disbursement																			
	Mailing Address 111 W Rio Dalado Parkway	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	9												
	City Tempo State AZ Zip Code 85281	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<table border="1"><tr><td>261.70</td></tr></table>	261.70																		
261.70																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-306-30000 Date of Disbursement																			
	Mailing Address 111 W Rio Dalado Parkway	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	9												
	City Tempo State AZ Zip Code 85281	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<table border="1"><tr><td>261.70</td></tr></table>	261.70																		
261.70																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 69 / 94

<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-306-40000
	Mailing Address 11711 E Pine St	Date of Disbursement 10 / 14 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 1075.60
	Purpose of Disbursement Travel/Lodging/Meals	002 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-306-61250
	Mailing Address 11711 E Pine St	Date of Disbursement 10 / 17 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 177.60
	Purpose of Disbursement Travel/Lodging/Meals	002 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-306-70625
	Mailing Address 11711 E Pine St	Date of Disbursement 10 / 19 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 594.80
	Purpose of Disbursement Travel/Lodging/Meals	002 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-306-100078
	Mailing Address 11711 E Pine St	Date of Disbursement 10 / 21 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 620.20
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-306-110078
	Mailing Address 11711 E Pine St	Date of Disbursement 10 / 22 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 314.60
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-306-120078
	Mailing Address 11711 E Pine St	Date of Disbursement 10 / 23 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 1461.60
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-306-150078 Date of Disbursement																			
	Mailing Address 11711 E Pine St	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	9												
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<table border="1"><tr><td>20.00</td></tr></table>	20.00																		
20.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

B.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B-306-160078 Date of Disbursement																			
	Mailing Address 50 Massachusetts Ave NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	9												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<table border="1"><tr><td>12.00</td></tr></table>	12.00																		
12.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

C.	Full Name (Last, First, Middle Initial) Carrabbas	Transaction ID: SB21B-306-170078 Date of Disbursement																			
	Mailing Address 3921 Collins Ave	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	9												
	City Miami Beach State FL Zip Code 33140	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<table border="1"><tr><td>10.92</td></tr></table>	10.92																		
10.92																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)
House Senate Victory Fund

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

Mailing Address 3921 Collins Ave

City Miami Beach State FL Zip Code 33140

Purpose of Disbursement Travel/Lodging/Meals
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-306-180078
Date of Disbursement 10 / 24 / 2009

Amount of Each Disbursement this Period 22.32

Category/Type 002

[MEMO ITEM]
Memo Entry

B. Full Name (Last, First, Middle Initial)
Hotels.com

Mailing Address 10440 N Central Expressway

City Dallas State TX Zip Code 75231

Purpose of Disbursement Travel/Lodging/Meals
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-306-190078
Date of Disbursement 10 / 20 / 2009

Amount of Each Disbursement this Period 1052.40

Category/Type 002

[MEMO ITEM]
Memo Entry

C. Full Name (Last, First, Middle Initial)
Hotels.com

Mailing Address 10440 N Central Expressway

City Dallas State TX Zip Code 75231

Purpose of Disbursement Travel/Lodging/Meals
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-306-200078
Date of Disbursement 10 / 20 / 2009

Amount of Each Disbursement this Period 560.15

Category/Type 002

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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"/> 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)
House Senate Victory Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Racetrac Petroleum</p> <p>Mailing Address 1410 W State Rd</p> <p>City Ft. Lauderdale State FL Zip Code 33315</p> <p>Purpose of Disbursement Travel/Lodging/Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-306-210078</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.52"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Spirit Airlines</p> <p>Mailing Address 2800 Executive Way</p> <p>City Miramar State FL Zip Code 33028</p> <p>Purpose of Disbursement Travel/Lodging/Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-306-220078</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="184.50"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sunshine Rent a Car</p> <p>Mailing Address 312 SW 24th Street</p> <p>City Ft Lauderdale State FL Zip Code 33315</p> <p>Purpose of Disbursement Travel/Lodging/Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-306-230078</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.48"/></p> <p>[MEMO ITEM] Memo Entry</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Super Shuttle	Transaction ID: SB21B-306-240078 Date of Disbursement																			
	Mailing Address 2595 NW 38th St	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	9													
	City Miami State FL Zip Code 33142	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<table border="1"><tr><td>24.00</td></tr></table>	24.00																		
24.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

B.	Full Name (Last, First, Middle Initial) Kory Vargas Caro	Transaction ID: SB21B-307 Date of Disbursement																			
	Mailing Address 1300 Taylor St NW #002	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	8	/	2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	8	/	2	0	9													
	City Washington State DC Zip Code 20011	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Per Diem Candidate Name	<table border="1"><tr><td>80.00</td></tr></table>	80.00																		
80.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																				
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

C.	Full Name (Last, First, Middle Initial) Louisa Whitney	Transaction ID: SB21B-312 Date of Disbursement																			
	Mailing Address 1701 16th St NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	0	/	2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	0	/	2	0	9													
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<table border="1"><tr><td>6.00</td></tr></table>	6.00																		
6.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																				
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>86.00</td></tr></table>	86.00
86.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 75 / 94

<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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) DCCC	Transaction ID: SB21B-313 Date of Disbursement 11 / 20 / 2009
	Mailing Address 430 S. Capitol St SE	Amount of Each Disbursement this Period 114.94
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Catering/Facilities Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) Telefora.com	Transaction ID: SB21B-313-10000 Date of Disbursement 10 / 29 / 2009
	Mailing Address 11444 W Olympic Blvd	Amount of Each Disbursement this Period 114.94
	City Los Angeles State CA Zip Code 90064	
	Purpose of Disbursement Catering/Facilities Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) DCCC	Transaction ID: SB21B-314 Date of Disbursement 11 / 20 / 2009
	Mailing Address 430 S. Capitol St SE	Amount of Each Disbursement this Period 474.09
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Printing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)	589.03
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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: SB21B-314-10000
	Mailing Address 4441 Collins Ave	Date of Disbursement 10 / 26 / 2009
	City Miami State FL Zip Code 33140	Amount of Each Disbursement this Period 240.46
	Purpose of Disbursement Printing	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: SB21B-314-20000
	Mailing Address 4441 Collins Ave	Date of Disbursement 10 / 26 / 2009
	City Miami State FL Zip Code 33140	Amount of Each Disbursement this Period 12.98
	Purpose of Disbursement Printing	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: SB21B-314-40000
	Mailing Address 4441 Collins Ave	Date of Disbursement 10 / 26 / 2009
	City Miami State FL Zip Code 33140	Amount of Each Disbursement this Period 39.88
	Purpose of Disbursement Printing	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
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"/> 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)
House Senate Victory Fund

<p>A. Full Name (Last, First, Middle Initial) FedEx Kinkos</p> <p>Mailing Address 4441 Collins Ave</p> <p>City Miami State FL Zip Code 33140</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-314-50000</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 172.34</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) FedEx Kinkos</p> <p>Mailing Address 4441 Collins Ave</p> <p>City Miami State FL Zip Code 33140</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-314-60000</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 8.43</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) DCCC</p> <p>Mailing Address 430 S. Capitol St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel/Lodging/Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-315</p> <p>Date of Disbursement 11 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 7241.01</p> <p>002 Category/Type</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7241.01

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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-315-5000
	Mailing Address 11711 E Pine Street	Date of Disbursement MM / DD / YYYY 11 / 02 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 422.29
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-315-15000
	Mailing Address 11711 E Pine Street	Date of Disbursement MM / DD / YYYY 11 / 02 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 422.29
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-315-25000
	Mailing Address 11711 E Pine Street	Date of Disbursement MM / DD / YYYY 11 / 02 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 422.29
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-315-35000
	Mailing Address 11711 E Pine Street	Date of Disbursement MM / DD / YYYY 11 / 02 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 422.29
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-315-45000
	Mailing Address 11711 E Pine Street	Date of Disbursement MM / DD / YYYY 11 / 02 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 422.29
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-315-55000
	Mailing Address 11711 E Pine Street	Date of Disbursement MM / DD / YYYY 11 / 02 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 422.29
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

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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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-315-65000
	Mailing Address 11711 E Pine Street	Date of Disbursement MM / DD / YYYY 11 / 02 / 2009
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period 422.29
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B-315-75000
	Mailing Address 10440 N Central Expy # 400	Date of Disbursement MM / DD / YYYY 10 / 27 / 2009
	City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period 175.40
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Hotels.com	Transaction ID: SB21B-315-85000
	Mailing Address 10440 N Central Expy # 400	Date of Disbursement MM / DD / YYYY 10 / 26 / 2009
	City Dallas State TX Zip Code 75231	Amount of Each Disbursement this Period 1262.88
	Purpose of Disbursement Travel/Lodging/Meals	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Yellow Cab	Transaction ID: SB21B-315-90000
	Mailing Address West Oakland Park Blvd	Date of Disbursement 10 / 25 / 2009
	City Wilton Manors State FL Zip Code 33311	Amount of Each Disbursement this Period 43.00
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Yellow Cab	Transaction ID: SB21B-315-92500
	Mailing Address West Oakland Park Blvd	Date of Disbursement 10 / 28 / 2009
	City Wilton Manors State FL Zip Code 33311	Amount of Each Disbursement this Period 108.15
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-315-95000
	Mailing Address 111 W Rio Salado Pkwy	Date of Disbursement 10 / 26 / 2009
	City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period 329.20
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)	0.00
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"/> 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)
House Senate Victory Fund

<p>A. Full Name (Last, First, Middle Initial) Doubletree</p> <p>Mailing Address 17375 Collins Ave</p> <p>City Sunny Isles Beach State FL Zip Code 33160-0</p> <p>Purpose of Disbursement Travel/Lodging/Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-315-105000 Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 262.12</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Expedia Direct Connect</p> <p>Mailing Address PO Box 379029</p> <p>City Las Vegas State NV Zip Code 89137</p> <p>Purpose of Disbursement Travel/Lodging/Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-315-110000 Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 15.24</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Yellow Cab</p> <p>Mailing Address West Oakland Park Blvd</p> <p>City Wilton Manors State FL Zip Code 33311</p> <p>Purpose of Disbursement Travel/Lodging/Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-315-112500 Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 86.09</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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"/> 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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Yellow Cab	Transaction ID: SB21B-315-113750
	Mailing Address West Oakland Park Blvd	Date of Disbursement 10 / 25 / 2009
	City Wilton Manors State FL Zip Code 33311	Amount of Each Disbursement this Period 43.00
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-315-115000
	Mailing Address 111 W Rio Salado Pkwy	Date of Disbursement 10 / 25 / 2009
	City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period 22.00
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Cato Ticket Offices	Transaction ID: SB21B-315-120000
	Mailing Address Independence & S Capitol St	Date of Disbursement 10 / 22 / 2009
	City Washington State DC Zip Code 20515	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)	0.00
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"/> 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)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Cato Ticket Offices

Mailing Address Independence & S Capitol St

City Washington State DC Zip Code 20515

Purpose of Disbursement Travel/Lodging/Meals
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-315-122500
Date of Disbursement 10 / 22 / 2009

Amount of Each Disbursement this Period 30.00

Category/Type 002

[MEMO ITEM]
Memo Entry

B. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 11711 E Pine Street

City Tulsa State OK Zip Code 74116

Purpose of Disbursement Travel/Lodging/Meals
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-315-123750
Date of Disbursement 10 / 22 / 2009

Amount of Each Disbursement this Period 507.21

Category/Type 002

[MEMO ITEM]
Memo Entry

C. Full Name (Last, First, Middle Initial)
Churchill Corporate Services, Inc

Mailing Address 56 Utter Ave

City Hawthorne State NJ Zip Code 07506

Purpose of Disbursement Travel/Lodging/Meals
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B-315-125000
Date of Disbursement 11 / 15 / 2009

Amount of Each Disbursement this Period 359.34

Category/Type 002

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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"/> 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)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial)
Churchill Corporate Services, Inc

Mailing Address 56 Utter Ave

City State Zip Code
Hawthorne NJ 07506

Purpose of Disbursement
Travel/Lodging/Meals

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-315-135000
Date of Disbursement

11 / 15 / 2009

Amount of Each Disbursement this Period

359.34

[MEMO ITEM]
Memo Entry

B. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 W Rio Salado Pkwy

City State Zip Code
Tempe AZ 85281

Purpose of Disbursement
Travel/Lodging/Meals

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-315-145000
Date of Disbursement

10 / 23 / 2009

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]
Memo Entry

C. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 W Rio Salado Pkwy

City State Zip Code
Tempe AZ 85281

Purpose of Disbursement
Travel/Lodging/Meals

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-315-150000
Date of Disbursement

10 / 22 / 2009

Amount of Each Disbursement this Period

433.31

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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"/> 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)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial) US Airways Mailing Address 111 W Rio Salado Pkwy City Tempe State AZ Zip Code 85281 Purpose of Disbursement Travel/Lodging/Meals Candidate Name	Transaction ID: SB21B-315-155000 Date of Disbursement 09 / 30 / 2009 Amount of Each Disbursement this Period 198.70

[MEMO ITEM]
Memo Entry

B. Full Name (Last, First, Middle Initial) Missy Kurek Mailing Address 1741 U St NW Apt 1 City Washington State DC Zip Code 20009 Purpose of Disbursement Travel/Lodging/Meals Candidate Name	Transaction ID: SB21B-319 Date of Disbursement 12 / 01 / 2009 Amount of Each Disbursement this Period 18.00

C. Full Name (Last, First, Middle Initial) DCCC Mailing Address 430 S. Capitol St SE City Washington State DC Zip Code 20003 Purpose of Disbursement Travel/Lodging/Meals Candidate Name	Transaction ID: SB21B-317 Date of Disbursement 12 / 01 / 2009 Amount of Each Disbursement this Period 205.81

SUBTOTAL of Disbursements This Page (optional)	223.81
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)

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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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Carey International	Transaction ID: SB21B-318 Date of Disbursement
	Mailing Address PO Box 631414	<input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Baltimore State MD Zip Code 21263	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging/Meals	<input type="text" value="113.29"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-327 Date of Disbursement
	Mailing Address PO Box 15731	<input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Wilmington State DE Zip Code 19886-5731	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="26.97"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hungerford Printers	Transaction ID: SB21B-323 Date of Disbursement
	Mailing Address 2207 Shannon Place, SE	<input type="text" value="12"/> <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20020	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="7728.28"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7868.54"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-324 Date of Disbursement
	Mailing Address PO Box 15731	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Wilmington State DE Zip Code 19886-5731	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering/Facilities Candidate Name	<input type="text" value="28921.39"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Fontainebleau Resort	Transaction ID: SB21B-324-10000 Date of Disbursement
	Mailing Address 4441 Collins Ave	<input type="text" value="11"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Miami Beach State FL Zip Code 33140	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering/Facilities Candidate Name	<input type="text" value="28701.39"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Nuage Designs	Transaction ID: SB21B-324-20000 Date of Disbursement
	Mailing Address 7201 Northeast 4th Ave	<input type="text" value="11"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Miami State FL Zip Code 33138	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering/Facilities Candidate Name	<input type="text" value="220.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="28921.39"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
House Senate Victory Fund

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-325 Date of Disbursement
	Mailing Address PO Box 15731	<input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Wilmington State DE Zip Code 19886-5731	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<input type="text" value="926.16"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-325-10000 Date of Disbursement
	Mailing Address 11711 E Pine St	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<input type="text" value="150.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-325-20000 Date of Disbursement
	Mailing Address 11711 E Pine St	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Tulsa State OK Zip Code 74116	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel/Lodging/Meals Candidate Name	<input type="text" value="20.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="926.16"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial) Alexandria Union Taxi Mailing Address 3801 Mount Vernon Ave City Alexandria State VA Zip Code 22305 Purpose of Disbursement Travel/Lodging/Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-325-30000 Date of Disbursement 10 / 29 / 2009
	Amount of Each Disbursement this Period 20.00 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) Four Points by Sheraton Mailing Address 4343 Collins Ave City Miami Beach State FL Zip Code 33140 Purpose of Disbursement Travel/Lodging/Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-325-40000 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 722.16 [MEMO ITEM] Memo Entry

C. Full Name (Last, First, Middle Initial) Red Top Cab of Arlington Mailing Address 3152 Washington Blvd City Arlington State VA Zip Code 22201 Purpose of Disbursement Travel/Lodging/Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-325-50000 Date of Disbursement 11 / 04 / 2009
	Amount of Each Disbursement this Period 14.00 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

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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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
DSCC

Transaction ID: SB21B-326
Date of Disbursement

Mailing Address 120 Maryland Ave NE

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

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Administrative/Legal

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

198120.05

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"/> 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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
DCCC

Mailing Address 430 S. Capitol St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Transfer

Candidate Name

008
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB22-287
Date of Disbursement

10 / 31 / 2009

Amount of Each Disbursement this Period

285000.00

B.

Full Name (Last, First, Middle Initial)
DSCC

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Transfer

Candidate Name

008
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB22-288
Date of Disbursement

10 / 31 / 2009

Amount of Each Disbursement this Period

305000.00

C.

Full Name (Last, First, Middle Initial)
DCCC

Mailing Address 430 S. Capitol St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Transfer

Candidate Name

008
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB22-329
Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

2600.00

SUBTOTAL of Disbursements This Page (optional) ▶

592600.00

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)

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<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)
House Senate Victory Fund

A.

Full Name (Last, First, Middle Initial)
DSCC

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Transfer

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB22-328

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

602600.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
House Senate Victory Fund

A. Full Name (Last, First, Middle Initial) Dr. Claudia Hauri <hr/> Mailing Address 5752 W 77 Terrace <hr/> City South Miami State FL Zip Code 33143 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-149 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
B. Full Name (Last, First, Middle Initial) Barbara A. Stiefel <hr/> Mailing Address 700 Coral Way #3 <hr/> City Coral Gables State FL Zip Code 33134 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-290 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1250.00

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

1250.00