FEC FORM 3X	REPORT OF F AND DISBURS For Other Than An Autho	SEMENTS	14 OCT I	рустраде 1/23 ТПЕ СЕП 1/23 БССП US 5 . Р.Н. 4. 16
1. NAME OF COMMITTEE (in ful	TYPE OR PRINT V	Example: If typing, type over the lines.	12FE4M5	
GOP VICTORY	- - - - - - - - - - - - - - - - - - -	over the lines.	<u> </u>	<u></u>]
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ADDRESS (number and si	reet)		└──┊╎─┘┊╌┆	
Check if different than previously reported. (ACC)		<u> </u>		4
2. FEC IDENTIFICATI		┵┈ <u>┉┹╴┵┈╷╖╴╶╴┠╻╴</u> ╏ <mark>╽</mark>		
C <u>C00563130</u>	3. IS TI REP		(A)	
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports Quarterly Re July 15	(c) Montally Feb 20 Report Due On: Mar 20 Apr 20 (c) 12-Day	(M3) Jun 20 (M6)) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Ouarterly Re October 15 Ouarterly Re January 31	Report (Q2) Report for the:	Convention (12C)	Special (12S)	in the
Year-End Re July 31 Mid- Report (Non- Year Only) (I	Year (d) 30-Day election POST-Election (MY) Report for the:	General (30G)	Runoff (30R)	State of
Termination F (TER)	Report Election on			in the
5. Covering Period	07 01 2014	through	3020;	
I certify that I have examine Type or Print Name of Tre	ned this Report and to the best of my asurer Lisa Lisker	knowledge and belief it is tr	ue, correct and complet	е.
Signature of Treasurer	Lisa Lisker Aser RA		Date 10 / 14	2014
NOTE: Submission of false, Office	erroneous, or incomplete information may	y subject the person signing the	his Report to the penaltie	s of 2 U.S.C. §437g.
				FORM 3X



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

ſ	FEC Form 3X (Rev. 06/2004)	DETAILED SUMMARY PAGE of Receipts	
	Write or Type Committee Name GOP VICTORY FUND 2014		Page 3
F	Report Covering the Period: From:	07 01 2014	То: 09 30 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
12.	 Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii) (b) Political Party Committees (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees 	$\begin{array}{c} 353382.00 \\ \hline \\ 1 \\ 1$	882582.00 1 </th
14. 15.	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made		
17. 18.	to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	S	
	(b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))		
20.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ► Total Federal Receipts (subtract Line 18(c) from Line 19) ►	353382.00 353382.00 353382.00	882582.00 882582.00 882582.00

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DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements

COLUMN A

Total This Period

Page 4

COLUMN B Calendar Year-to-Date

- 21. Operating Expenditures:

 (a) Allocated Federal/Non-Federal Activity (from Schedule H4)
 (i) Federal Share ...
 - (ii) Non-Federal Share...
 - (b) Other Federal Operating Expenditures
 - (c) Total Operating Expenditures
 (add 21(a)(i), (a)(ii), and (b)) ...

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- Transfers to Affiliated/Other Party Committees.........
 Contributions to
- Contributions to Federal Candidates/Committees and Other Political Committees....
 Independent Expenditures
- (use Schedule E) 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....
- 26. Loan Repayments Made ...
- - (b) Political Party Committees ...
 - (c) Other Political Committees (such as PACs)...
 - (d) Total Contribution Refunds
 (add Lines 28(a), (b), and (c))... ... ▶
- 29. Other Disbursements ..
- 30. Federal Election Activity (2 U.S.C. §431(20))
 (a) Allocated Federal Election Activity (from Schedule H6)
 - (i) Federal Share ..
 - (ii) "Levin" Share.....
 - (b) Federal Election Activity Paid Entirely With Federal Funds
 - (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... ►
- L∩
 31.
 Total Disbursements (add Lines 21(c), 22,

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 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...
- 32. Total Federal Disbursements
 (subtract Line 21(a)(ii) and Line 30(a)(ii)
 from Line 31)...

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on

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

Page 5

- Total Contributions (other than loans) (from Line 11(d), page 3)
- Total Contribution Refunds (from Line 28(d))......
 Net Contributions (other than loans)
- (subtract Line 34 from Line 33)
 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶
- 37. Offsets to Operating Expenditures (from Line 15, page 3)....
- 38. Net Operating Expenditures (subtract Line 37 from Line 36)...

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S	CHEDULE A (FEC Form 3X)							
ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 33 (check only one)				
-			for each category of the Detailed Summary Page	X 11a 11b 11c 12				
			_					
K	,,,,,,, _	Statements mane and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) GOP VICTORY FUND 2014							
A	Full Name (Last, First, Middle Initial) Craig E. Angelo			Date of Receipt				
	Mailing Address 400 E. Mill Plain Blvd. Ste. 500			07 29 2014				
	City Vancouver	State WA	Zip Code 98660	Transaction ID : SA11AI.4350 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	<u></u>					
	Name of Employer	Occupation						
	The Alangelo Co. Receipt For:	Investments						
	Primary General	Aggregate	Year-to-Date ▼					
_	Other (specify) ▼		5000.00					
В.	Full Name (Last, First, Middle Initial) Summerfield C. Baldridge			Date of Receipt				
	Mailing Address PO Box 607							
	City	State	Zip Code	<u></u>				
	Whitefish	MT	59937	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.							
	Name of Employer	Occupation		-				
	Receipt For:	Info Request		_				
	Primary General		′ear-to-Date ▼					
	Other (specify) 🔻		10000.00					
C.	Full Name (Last, First, Middle Initial) Barbara Barrett							
	Mailing Address 4617 E. Ocotillo Rd.							
	City	State	Zip Code					
•	Paradise Valley	AZ	85253	Amount of Each Receipt this Period				
	FEC ID number of contributing ederal political committee.			5000.00 5000.00				
	Name of Employer	Occupation						
	Receipt For:	Retired						
	Primary General General Other (specify)		5000.00					
su	BTOTAL of Receipts This Page (optional)			20000.00				
	TAL This Period (last page this line number o							

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| SCHEDULE A (FEC Form 3X)                                        |                                               | FOR LINE NUMBER: PAGE 7 OF 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
|-----------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| ITEMIZED RECEIPTS                                               | Use separate schedule(s)                      | FOR LINE NUMBER: PAGE 7 OF 33<br>(check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| HEWIZED RECEIPTS                                                | for each category of the                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                 | Detailed Summary Page                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Any information copied from such Reports and                    | Statements may not be sold or used by any po  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| or for commercial purposes, other than using th                 | e name and address of any political committee | to solicit contributions from such committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)                                     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| SOP VICTORY FUND 2014                                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
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| Full Name (Last, First, Middle Initial)                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| A. Craig Barrett                                                |                                               | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Mailing Address 4617 E. Ocotillo Rd.                            |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
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| City                                                            | State Zip Code                                | Transaction ID : SA11AI.4287                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
| Paradise Valley                                                 | AZ 85253                                      | Amount of Each Receipt this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| FEC ID number of contributing                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| federal political committee.                                    | C                                             | 5000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| Name of Employer                                                |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                 | Occupation                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| N/A<br>Receipt For:                                             | Retired                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                 | Aggregate Year-to-Date 🔻                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
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|                                                                 | <u> </u>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Full Marga /Look Flock Middle 4 (1) 0                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>B. F. Lynn Bates     |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                 |                                               | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Mailing Address PO Box 1210                                     |                                               | [MAR] \ [BAB] \ [AAAAAAAA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
| City                                                            | State Zip Code                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Victor                                                          | MT 59875                                      | Transaction ID : SA11AI.4329                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
|                                                                 |                                               | Amount of Each Receipt this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.   | C                                             | 5000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
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| Name of Employer                                                | Occupation                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| Norco Management Corp                                           | Corporate Secretary                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Receipt For:                                                    | Aggregate Year-to-Date ▼                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Primary General                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Other (specify) V                                               | 5000.00                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
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| Full Name (Last, First, Middle Initial)<br>C. S. Paulette Bates |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                 |                                               | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Mailing Address PO Box 1210                                     |                                               | LAND / LAND / LAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| City                                                            | State Zip Code                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Victor                                                          | MT 59875                                      | Transaction ID : SA11AI.4331                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |
|                                                                 |                                               | Amount of Each Receipt this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| FEC ID number of contributing<br>federal political committee.   |                                               | 5000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| louoral pointear committee.                                     |                                               | Lange and the second se |  |  |  |  |  |
| Name of Employer                                                | Occupation                                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| N/A                                                             | Retired                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Receipt For:                                                    | Aggregate Year-to-Date ▼                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| Primary General                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Other (specify)                                                 | 5000.00                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                       | •                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                 |                                               | │                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| TOTAL This Period (last page this line number of                | inly)                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)                                                                                             |                                                   | FOR LINE NUMBER: PAGE 8 OF 33                              |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|--|--|--|--|--|--|
| ITEMIZED RECEIPTS                                                                                                    | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 8 OF 33<br>(check only one)          |  |  |  |  |  |  |
|                                                                                                                      | for each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                                           |  |  |  |  |  |  |
|                                                                                                                      | Detailed Summary Page                             |                                                            |  |  |  |  |  |  |
| Any information copied from such Reports and Statements<br>or for commercial purposes, other than using the same and | may not be sold or used by any p                  | arean for the number of activities and the                 |  |  |  |  |  |  |
| the sense of purposes, other than using the hame and                                                                 | address of any political committee                | to solicit contributions from such committee,              |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)                                                                                          |                                                   |                                                            |  |  |  |  |  |  |
| GOP VICTORY FUND 2014                                                                                                |                                                   |                                                            |  |  |  |  |  |  |
|                                                                                                                      |                                                   |                                                            |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Pamela Brewster                                                        |                                                   |                                                            |  |  |  |  |  |  |
|                                                                                                                      |                                                   | Date of Receipt                                            |  |  |  |  |  |  |
| Mailing Address 1095 Natina St.                                                                                      |                                                   | <u>ריאיזיאיזיאיז</u> / <u>רפיינטן</u> / <del>ראיניאן</del> |  |  |  |  |  |  |
| City State                                                                                                           | Zip Code                                          |                                                            |  |  |  |  |  |  |
| San Francisco CA                                                                                                     | 94103                                             | Transaction ID : SA11AI.4333                               |  |  |  |  |  |  |
| FEC ID number of contributing                                                                                        |                                                   | Amount of Each Receipt this Period                         |  |  |  |  |  |  |
| federal political committee.                                                                                         |                                                   | 5000.00                                                    |  |  |  |  |  |  |
|                                                                                                                      |                                                   |                                                            |  |  |  |  |  |  |
| Name of Employer Occupation                                                                                          |                                                   |                                                            |  |  |  |  |  |  |
| Self Consultar<br>Receipt For:                                                                                       | nt                                                |                                                            |  |  |  |  |  |  |
| Primary General Aggregat                                                                                             | e Year-to-Date ▼                                  |                                                            |  |  |  |  |  |  |
| Other (specify)                                                                                                      | 5000.00                                           |                                                            |  |  |  |  |  |  |
|                                                                                                                      |                                                   |                                                            |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                                                                              |                                                   |                                                            |  |  |  |  |  |  |
| B. Curtis Brown                                                                                                      |                                                   | Date of Receipt                                            |  |  |  |  |  |  |
| Mailing Address 918 Baileyana Rd.                                                                                    | · · · · · · · · · · · · · · · · · · ·             |                                                            |  |  |  |  |  |  |
| City State                                                                                                           |                                                   | 07 17 2014                                                 |  |  |  |  |  |  |
|                                                                                                                      | Zip Code                                          | Transaction ID : SA11AI.4299                               |  |  |  |  |  |  |
|                                                                                                                      | 94010                                             | Amount of Each Receipt this Period                         |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                           |                                                   | 5000.00                                                    |  |  |  |  |  |  |
|                                                                                                                      | <u></u>                                           |                                                            |  |  |  |  |  |  |
| Name of Employer Occupatio                                                                                           | n                                                 | -                                                          |  |  |  |  |  |  |
| Investmen                                                                                                            | t Management                                      |                                                            |  |  |  |  |  |  |
| Receipt For: Aggregate                                                                                               | e Year-to-Date ▼                                  |                                                            |  |  |  |  |  |  |
| Other (specify) ▼                                                                                                    | 5000.00                                           |                                                            |  |  |  |  |  |  |
|                                                                                                                      | Acranic                                           |                                                            |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                                                                              |                                                   |                                                            |  |  |  |  |  |  |
| C. Douglas Burgum                                                                                                    |                                                   | Date of Receipt                                            |  |  |  |  |  |  |
| Mailing Address 10 Tallgrass Trail                                                                                   |                                                   |                                                            |  |  |  |  |  |  |
| 01                                                                                                                   |                                                   | 07 28 2014                                                 |  |  |  |  |  |  |
| City State<br>Horace ND                                                                                              | Zip Code                                          | Transaction ID : SA11AI.4325                               |  |  |  |  |  |  |
|                                                                                                                      | 58047                                             | Amount of Each Receipt this Period                         |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                           |                                                   | 10400.00                                                   |  |  |  |  |  |  |
|                                                                                                                      | <u></u> _                                         |                                                            |  |  |  |  |  |  |
| Name of Employer Occupation                                                                                          | n                                                 | -                                                          |  |  |  |  |  |  |
| Self Entreprene<br>Receipt For:                                                                                      | 9UF                                               |                                                            |  |  |  |  |  |  |
| Primary General Aggregate                                                                                            | Year-to-Date <b>V</b>                             |                                                            |  |  |  |  |  |  |
| Other (specify)                                                                                                      | 10400.00                                          |                                                            |  |  |  |  |  |  |
|                                                                                                                      |                                                   |                                                            |  |  |  |  |  |  |
|                                                                                                                      | ······································            |                                                            |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                                            |                                                   | 20400.00                                                   |  |  |  |  |  |  |
|                                                                                                                      |                                                   |                                                            |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only)                                                                  |                                                   |                                                            |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)             |                                                                                                  |                                                   | FOF                                   |         | E NL         | JMBEF         | <u>}:</u> Р       | AGE        | 9 C      | F 33                     |                 |
|--------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|---------|--------------|---------------|-------------------|------------|----------|--------------------------|-----------------|
| ITEMIZED RECEIPTS                    |                                                                                                  | Use separate schedule(s) for each category of the | (che                                  | eck on  |              |               | <u>ا</u> للہ ا    |            |          |                          |                 |
|                                      |                                                                                                  | for each category of the<br>Detailed Summary Page |                                       | ]11a    |              | 116           | 11                | · [        | ]12      |                          |                 |
|                                      |                                                                                                  |                                                   |                                       | 13      |              | 14            | 15                |            | 16       | 17                       |                 |
| or fo                                | information copied from such Reports and Stati<br>r commercial purposes, other than using the na | ements ma                                         | ay not be sold or used by any pe      | erson f | or the       | pur           | pose c            | of solici  | ling c   | ontribu                  | tions           |
|                                      | AME OF COMMITTEE (In Full)                                                                       | anie anu a                                        | address of any political committee    | e to so | licit co     | ontrib        | utions            | from s     | uch c    | ommitt                   | <del>00</del> . |
|                                      |                                                                                                  |                                                   |                                       |         |              |               |                   |            |          |                          |                 |
| V                                    |                                                                                                  |                                                   |                                       |         |              |               |                   |            |          |                          |                 |
| Fi                                   | III Name (Last, First, Middle Initial)                                                           |                                                   |                                       |         |              |               |                   |            |          |                          |                 |
|                                      | Preston Butcher                                                                                  |                                                   |                                       |         | Date o       | f Re          | ceipt             |            |          |                          |                 |
| M                                    | ailing Address 4000 East Third Ave.                                                              |                                                   |                                       | r       | M            | · ۲           | <u></u>           | ו (דפ      |          | ᢉᢇᢧᢇᡇ᠆ᡘ                  | $\mathbf{v}$    |
|                                      | Ste. 600                                                                                         |                                                   |                                       |         |              |               | 30                |            | 2        | 2014                     |                 |
| Ci                                   | y<br>oster City                                                                                  | State<br>CA                                       | Zip Code                              |         | Trans        | sacti         | ion ID            | : SA11     | AI.43    | 56                       | <br>            |
|                                      |                                                                                                  |                                                   | 94404                                 | ^       | Moun         | t of          | Each              | Receipt    | this     | Period                   |                 |
| FE                                   | C ID number of contributing<br>deral political committee.                                        | C                                                 |                                       |         |              |               | <u>~~~</u> ~      | Y V        |          | 10000                    | <u> </u>        |
|                                      |                                                                                                  | <u></u>                                           | <u></u>                               | ļĿ      | N            | <u>_^</u>     | <u> </u>          | <u>^</u> 7 | <u></u>  |                          | <u> </u>        |
|                                      |                                                                                                  | Occupation                                        | ····                                  | 1       |              |               |                   |            |          |                          |                 |
|                                      |                                                                                                  | EO                                                |                                       |         |              |               |                   |            |          |                          |                 |
| Re                                   | Design For:                                                                                      | Aggregate                                         | Year-to-Date V                        |         |              |               |                   |            |          |                          |                 |
| -                                    | Primary General<br>Other (specify) ▼                                                             |                                                   |                                       |         |              |               |                   |            |          |                          |                 |
| L                                    |                                                                                                  | ^                                                 | 10000.00                              |         |              |               |                   |            |          |                          |                 |
| Fu                                   | Il Name (Last, First, Middle Initial)                                                            |                                                   |                                       |         |              | -             |                   | ·          |          | -                        |                 |
|                                      | wight Davis                                                                                      |                                                   |                                       |         | ate of       | 100           | coint             |            |          |                          |                 |
|                                      | illing Address 33 Chestnut Pl                                                                    |                                                   | · · · · · · · · · · · · · · · · · · · |         | M M          |               |                   |            |          |                          |                 |
|                                      |                                                                                                  |                                                   |                                       |         | 07           |               | 28                | <b>y</b> K |          |                          | <b>~</b> ]      |
| Cit                                  | -                                                                                                | State                                             | Zip Code                              |         | Trans        | actio         | The second second | SA11A      |          |                          |                 |
| Da                                   | nville                                                                                           | CA                                                | 94506                                 |         | mount        | t of I        | Each F            | Receipt    | this F   | Period                   |                 |
|                                      | C ID number of contributing                                                                      | C                                                 |                                       |         |              |               |                   | 5000       | - 8      |                          |                 |
| rec                                  | leral political committee.                                                                       |                                                   | <u></u>                               |         |              | <u>. /</u>    | <u></u>           | <u></u>    | <u> </u> | .5000.i<br><u>د م</u> ید |                 |
|                                      |                                                                                                  | ccupation                                         |                                       |         |              |               |                   |            |          |                          |                 |
| Sel                                  | IRC IRC                                                                                          | eal Estate                                        | Investor                              |         |              |               |                   |            |          |                          |                 |
| Re                                   | ceipt For:                                                                                       | ggregate `                                        | Year-to-Date ▼                        |         |              |               |                   |            |          |                          |                 |
|                                      | Primary General<br>Other (specify) ▼                                                             |                                                   |                                       |         |              |               |                   |            |          |                          |                 |
| L                                    |                                                                                                  | <u></u>                                           | <u>5000.00</u>                        |         |              |               |                   |            |          |                          |                 |
|                                      | Name (Last, First, Middle Initial)                                                               |                                                   | ·····                                 | —       |              |               |                   |            |          | <b>.</b>                 |                 |
| <b>c</b> G                           | ilee Ann Davis                                                                                   |                                                   |                                       | р       | ale of       | Rec           | eint              |            |          |                          |                 |
| Ma                                   | iling Address 33 Chestnut PI                                                                     |                                                   |                                       |         | <u>N V N</u> |               |                   |            | ᢦ᠆ᡅ᠆ᡐ    | <u></u>                  |                 |
| ~                                    |                                                                                                  | State                                             |                                       |         |              |               | 28                |            |          | 014                      | Î               |
| City                                 | /<br>Inville                                                                                     | Zip Code                                          |                                       | Trans   | actic        | on ID :       | SA11A             | 1.433      | 7        |                          |                 |
|                                      |                                                                                                  | 94506                                             | Ar                                    | mount   | of E         | ach R         | leceipt           | this P     | Period   |                          |                 |
|                                      | C ID number of contributing                                                                      | <u>᠕᠆᠆᠆᠕᠆᠆᠆ᡘ᠆᠆᠆ᡘ᠆᠆᠆ᡘ᠆᠆᠆</u>                       | ſ                                     |         | <u>~</u>     | <u> </u>      |                   | <u> </u>   | 5000.0   |                          |                 |
|                                      |                                                                                                  | <u>^</u>                                          |                                       |         | ر <u></u>    | ر <u>ب تر</u> | <u>_~7</u> _      |            |          | <u> </u>                 |                 |
|                                      | ne of Employer Oc                                                                                | ······                                            | 1                                     |         |              |               |                   |            |          |                          |                 |
| Sel                                  |                                                                                                  | Investor                                          |                                       |         |              |               |                   |            |          |                          |                 |
| Hec                                  | ceipt For: A                                                                                     | /ear-to-Date ▼                                    | 7                                     |         |              |               |                   |            |          |                          |                 |
| Primary General<br>Other (specify) ₩ |                                                                                                  |                                                   | 5000.00                               |         |              |               |                   |            |          |                          |                 |
| L                                    |                                                                                                  |                                                   |                                       |         |              |               |                   |            |          |                          |                 |
| · · · · -                            |                                                                                                  | ·····                                             |                                       |         |              |               |                   |            |          |                          |                 |
| SUBT                                 | SUBTOTAL of Receipts This Page (optional)                                                        |                                                   |                                       |         |              |               |                   |            |          |                          |                 |
|                                      |                                                                                                  |                                                   |                                       |         |              |               | <u></u>           |            | <br>     | <u>,/*\.</u><br>~~~~~    |                 |
| ΤΟΤΑ                                 | 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 10 OF 33

(check only one)

|    | Nov information conied from such Bonote and                                 |                                        | Detailed Summary Page                                                | X         11a         11b         11c         12           13         14         15         16         17 |  |  |  |  |
|----|-----------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|--|--|--|
|    | r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | be name and a                          | ay not be sold or used by any p<br>address of any political committe | e to solicit contributions from such committee.                                                           |  |  |  |  |
|    | GOP VICTORY FUND 2014                                                       |                                        |                                                                      |                                                                                                           |  |  |  |  |
| Α  | Full Name (Last, First, Middle Initial)<br>David W. Fisher                  |                                        |                                                                      |                                                                                                           |  |  |  |  |
|    | Mailing Address 2000 W. Brovelli Woods Lan                                  | e                                      |                                                                      | Date of Receipt                                                                                           |  |  |  |  |
|    | City<br>Acampo                                                              | State                                  | Zip Code<br>95220                                                    | 09082014<br>Transaction ID : SA11AI.4361                                                                  |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                  | C                                      |                                                                      | Amount of Each Receipt this Period                                                                        |  |  |  |  |
|    | Name of Employer<br>RPM Co.<br>Receipt For:<br>Primary General              | Occupation<br>Property Ma<br>Aggregate |                                                                      |                                                                                                           |  |  |  |  |
|    | Uther (specify) ▼<br>Full Name (Last, First, Middle Initial)                | L                                      | 5000.00                                                              |                                                                                                           |  |  |  |  |
| В. | John J. Fisher                                                              |                                        |                                                                      | Date of Receipt                                                                                           |  |  |  |  |
|    | Mailing Address 101A Clay St.<br>Ste, 147<br>City                           | State                                  | Zip Code                                                             |                                                                                                           |  |  |  |  |
|    | San Francisco                                                               | CA                                     | 94111                                                                | Transaction ID : SA11AI.4275<br>Amount of Each Receipt this Period                                        |  |  |  |  |
|    | FEC ID number of contributing federal political committee.                  | C                                      |                                                                      | 5200.00                                                                                                   |  |  |  |  |
|    | Name of Employer<br>Pisces Inc.                                             | Occupation<br>Investor                 |                                                                      |                                                                                                           |  |  |  |  |
|    | Receipt For:<br>Primary ☐ General<br>Other (specify) ▼                      |                                        |                                                                      |                                                                                                           |  |  |  |  |
| с. | Full Name (Last, First, Middle Initial)<br>John J. Fisher                   |                                        | ······································                               | Date of Receipt                                                                                           |  |  |  |  |
|    | Mailing Address 101A Clay St.<br>Ste. 147                                   |                                        |                                                                      |                                                                                                           |  |  |  |  |
|    | City<br>San Francisco                                                       | State<br>CA                            | Zip Code<br>94111                                                    | Transaction ID : SA11AI.4364<br>Amount of Each Receipt this Period                                        |  |  |  |  |
| 1  | FEC ID number of contributing<br>ederal political committee.                | C                                      |                                                                      |                                                                                                           |  |  |  |  |
|    | Name of Employer<br>Pisces Inc.                                             | Occupation<br>Investor                 |                                                                      | -                                                                                                         |  |  |  |  |
| F  | Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Ye                           | ear-to-Date ▼<br>7800.00                                             |                                                                                                           |  |  |  |  |
|    |                                                                             |                                        |                                                                      |                                                                                                           |  |  |  |  |
|    | SUBTOTAL of Receipts This Page (optional)                                   |                                        |                                                                      |                                                                                                           |  |  |  |  |
|    | TAL This Period (last page this line number o                               | nly)                                   | · · · · · · · · · · · · · · · · · · ·                                | <u></u>                                                                                                   |  |  |  |  |

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| SCHEDULE A (FEC Form 3X)                                   |                                                                               | FOR LINE NUMBER: PAGE 11 OF 33                                     |  |  |  |  |  |  |
|------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------|--|--|--|--|--|--|
| ITEMIZED RECEIPTS                                          | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)                                                   |  |  |  |  |  |  |
|                                                            |                                                                               | X 11a 11b 11c 12                                                   |  |  |  |  |  |  |
|                                                            | J Detailed Summary Page                                                       |                                                                    |  |  |  |  |  |  |
| Any information copied from such Reports and Statements m  | av not be sold or used by any pe                                              | arson for the purpose of coliciting 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)                                |                                                                               |                                                                    |  |  |  |  |  |  |
| GOP VICTORY FUND 2014                                      |                                                                               |                                                                    |  |  |  |  |  |  |
|                                                            |                                                                               |                                                                    |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                    |                                                                               |                                                                    |  |  |  |  |  |  |
| A. Laura M. Fisher                                         |                                                                               | Date of Receipt                                                    |  |  |  |  |  |  |
| Mailing Address 101A Clay St.                              |                                                                               |                                                                    |  |  |  |  |  |  |
| <u>Ste. 147</u><br>City State                              |                                                                               |                                                                    |  |  |  |  |  |  |
|                                                            | Zip Code                                                                      | Transaction ID : SA11AI,4363                                       |  |  |  |  |  |  |
|                                                            | 94111                                                                         | Amount of Each Receipt this Period                                 |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee. |                                                                               |                                                                    |  |  |  |  |  |  |
| federal political committee.                               |                                                                               | 2600.00                                                            |  |  |  |  |  |  |
| Name of Employer Occupation                                | 1                                                                             |                                                                    |  |  |  |  |  |  |
| N/A Homemake                                               | F                                                                             |                                                                    |  |  |  |  |  |  |
| Receipt For:                                               | Year-to-Date ▼                                                                | -                                                                  |  |  |  |  |  |  |
| Primary General ~ggregate                                  |                                                                               |                                                                    |  |  |  |  |  |  |
| Other (specify) 🔻                                          | 2600.00                                                                       |                                                                    |  |  |  |  |  |  |
|                                                            |                                                                               |                                                                    |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                    |                                                                               | ······································                             |  |  |  |  |  |  |
| B. Philip H. Geier Jr                                      |                                                                               | Date of Receipt                                                    |  |  |  |  |  |  |
| Mailing Address 70 E. 55th St.                             | · · · · ·                                                                     |                                                                    |  |  |  |  |  |  |
| 15th FlState                                               |                                                                               |                                                                    |  |  |  |  |  |  |
| New York NY                                                | Zip Code                                                                      | Transaction ID : SA11AI.4368                                       |  |  |  |  |  |  |
|                                                            | 10022                                                                         | Amount of Each Receipt this Period                                 |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee. |                                                                               | 7800.00                                                            |  |  |  |  |  |  |
|                                                            | <u></u>                                                                       |                                                                    |  |  |  |  |  |  |
| Name of Employer Occupation                                |                                                                               | 7                                                                  |  |  |  |  |  |  |
| Geier Group Chairman                                       |                                                                               |                                                                    |  |  |  |  |  |  |
| Receipt For: Aggregate                                     | Year-to-Date ▼                                                                | -                                                                  |  |  |  |  |  |  |
| Primary General                                            |                                                                               |                                                                    |  |  |  |  |  |  |
| Other (specify) ▼                                          | A                                                                             |                                                                    |  |  |  |  |  |  |
|                                                            |                                                                               |                                                                    |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>C. Jess Hansen  |                                                                               |                                                                    |  |  |  |  |  |  |
| Mailing Address 521 Old Corvallis Rd.                      |                                                                               | Date of Receipt                                                    |  |  |  |  |  |  |
| including inderess szir Old Corvailis Rd.                  |                                                                               | LARREN / Lara / Lare                                               |  |  |  |  |  |  |
| City State                                                 | Zip Code                                                                      |                                                                    |  |  |  |  |  |  |
| Hamilton MT                                                | 59840                                                                         | Transaction ID : SA11AI.4307<br>Amount of Each Receipt this Period |  |  |  |  |  |  |
| FEC ID number of contributing                              | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                        |                                                                    |  |  |  |  |  |  |
| federal political committee.                               | ~ <u>~~</u> ~                                                                 | 10000.00                                                           |  |  |  |  |  |  |
| Name of Employer Occupation                                |                                                                               |                                                                    |  |  |  |  |  |  |
| Self                                                       |                                                                               |                                                                    |  |  |  |  |  |  |
| Receipt For:                                               |                                                                               | 4                                                                  |  |  |  |  |  |  |
| Primary General Aggregate                                  | /ear-to-Date ▼                                                                |                                                                    |  |  |  |  |  |  |
| Other (specify) 🗸                                          | 10000.00                                                                      |                                                                    |  |  |  |  |  |  |
|                                                            | <u>۲_۲_۲_۲_۲</u>                                                              |                                                                    |  |  |  |  |  |  |
|                                                            |                                                                               |                                                                    |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                  | •                                                                             | 20400.00                                                           |  |  |  |  |  |  |
|                                                            |                                                                               |                                                                    |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only)        |                                                                               | Lange nor                      |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X) |                                                                                               |                      |                                                                       | FOR LINE NUMBER: PAGE 12 OF 33                                                                                       |  |  |  |  |  |
|--------------------------|-----------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| ITEMIZED RECEIPTS        |                                                                                               |                      | Use separate schedule(s)<br>for each category of the                  | (check only one)                                                                                                     |  |  |  |  |  |
|                          |                                                                                               | 1                    | Detailed Summary Page                                                 | $\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |  |  |  |  |  |
| Ar                       | y information copied from such Reports and S<br>for commercial purposes, other than using the | tatements main and a | ay not be sold or used by any po<br>ddress of any political committee | erson for the purpose of soliciting contributions                                                                    |  |  |  |  |  |
| ĥ                        | NAME OF COMMITTEE (In Full)                                                                   |                      |                                                                       |                                                                                                                      |  |  |  |  |  |
| $\langle \rangle$        | GOP VICTORY FUND 2014                                                                         |                      |                                                                       |                                                                                                                      |  |  |  |  |  |
| Α.                       | Full Name (Last, First, Middle Initial)<br>Joan Hansen                                        |                      |                                                                       | Date of Receipt                                                                                                      |  |  |  |  |  |
|                          | Mailing Address 521 Old Corvallis Rd.                                                         | ·                    |                                                                       |                                                                                                                      |  |  |  |  |  |
|                          | City                                                                                          | State<br>MT          | Zip Code<br>59840                                                     | Transaction ID : SA11AI.4309                                                                                         |  |  |  |  |  |
|                          | Hamilton                                                                                      |                      |                                                                       | Amount of Each Receipt this Period                                                                                   |  |  |  |  |  |
|                          | FEC ID number of contributing federal political committee.                                    |                      | <u></u>                                                               |                                                                                                                      |  |  |  |  |  |
|                          | Name of Employer                                                                              | Occupation           |                                                                       |                                                                                                                      |  |  |  |  |  |
|                          | N/A                                                                                           | Homemake             |                                                                       |                                                                                                                      |  |  |  |  |  |
|                          | Receipt For:<br>Primary General                                                               | Aggregate            | Year-to-Date V                                                        | _                                                                                                                    |  |  |  |  |  |
|                          | Other (specify)                                                                               |                      | 10000.00                                                              |                                                                                                                      |  |  |  |  |  |
| В.                       | Full Name (Last, First, Middle Initial)<br>Roger Hertog                                       |                      |                                                                       | Date of Receipt                                                                                                      |  |  |  |  |  |
|                          | Mailing Address 1040 5th Ave.                                                                 |                      |                                                                       |                                                                                                                      |  |  |  |  |  |
|                          | City                                                                                          | State                | Zip Code                                                              | Transaction ID : SA11AI.4357                                                                                         |  |  |  |  |  |
|                          | New York                                                                                      | NY                   | 10028                                                                 | Amount of Each Receipt this Period                                                                                   |  |  |  |  |  |
|                          | FEC ID number of contributing federal political committee.                                    |                      |                                                                       | 5600.00                                                                                                              |  |  |  |  |  |
|                          | Name of Employer                                                                              | Occupation           | )                                                                     |                                                                                                                      |  |  |  |  |  |
|                          | N/A                                                                                           | Retired              |                                                                       |                                                                                                                      |  |  |  |  |  |
|                          | Receipt For:                                                                                  |                      | Year-to-Date <b>V</b>                                                 |                                                                                                                      |  |  |  |  |  |
|                          | Other (specify) ▼                                                                             |                      | A. A. 15600.00                                                        |                                                                                                                      |  |  |  |  |  |
| —<br>c.                  | Full Name (Last, First, Middle Initial)<br>Larry J. Hochberg                                  |                      |                                                                       | Date of Receipt                                                                                                      |  |  |  |  |  |
|                          | Mailing Address 275 N. Deere Parke E.                                                         |                      |                                                                       |                                                                                                                      |  |  |  |  |  |
|                          | City<br>Highland Park                                                                         |                      | Zip Code<br>60035                                                     | Transaction ID : SA11AI.4359<br>Amount of Each Receipt this Period                                                   |  |  |  |  |  |
|                          | FEC ID number of contributing federal political committee.                                    | C                    | <u> </u>                                                              | 7500.00                                                                                                              |  |  |  |  |  |
|                          | Name of Employer                                                                              | Occupation           | )                                                                     |                                                                                                                      |  |  |  |  |  |
|                          | Self                                                                                          | Investor             |                                                                       |                                                                                                                      |  |  |  |  |  |
|                          | Receipt For:                                                                                  |                      | Year-to-Date V                                                        | _                                                                                                                    |  |  |  |  |  |
|                          | Other (specify) ▼                                                                             |                      | 7500.00<br>-1                                                         |                                                                                                                      |  |  |  |  |  |
| ۲.                       | UBTOTAL of Receipts This Page (optional)                                                      |                      |                                                                       | 23100.00                                                                                                             |  |  |  |  |  |
| L,                       | OTAL This Period (last page this line number                                                  | only)                |                                                                       |                                                                                                                      |  |  |  |  |  |
| 1'                       | e cos cono conos pago una inte number                                                         | •••• <b>•</b> •••    |                                                                       | [ <u></u>                                                                                                            |  |  |  |  |  |

| S  | CHEDULE A (FEC Form 3X)                                            |                         |                                                                       |                                                                      |
|----|--------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------|
|    | TEMIZED RECEIPTS                                                   | 1                       | Use separate schedule(s)                                              | FOR LINE NUMBER: PAGE 13 OF 33<br>(check only one)                   |
| •  |                                                                    |                         | for each category of the<br>Detailed Summary Page                     |                                                                      |
| r- |                                                                    |                         |                                                                       |                                                                      |
|    | T Press, successfully a                                            | Statements mine and a   | ay not be sold or used by any p<br>address of any political committee |                                                                      |
|    | NAME OF COMMITTEE (In Full)                                        |                         |                                                                       |                                                                      |
| Ľ  | Full Name (I and Final Address)                                    |                         |                                                                       |                                                                      |
| A  | Full Name (Last, First, Middle Initial)<br>Holtzman Vogel Josefiak |                         |                                                                       | Date of Receipt                                                      |
|    | Mailing Address 45 North Hill Dr.                                  |                         |                                                                       | للمحصمون المعرضي المعرضي السريرين                                    |
|    | Ste. 100<br>City                                                   | State                   | Zip Code                                                              |                                                                      |
|    | Warrenton                                                          | VA                      | 20186                                                                 | Transaction ID : SA11AI.4305                                         |
|    | FEC ID number of contributing                                      |                         |                                                                       | Amount of Each Receipt this Period                                   |
|    | federal political committee.                                       |                         | <u></u>                                                               | 5000.00                                                              |
|    | Name of Employer                                                   |                         |                                                                       | See Partner Memo                                                     |
|    | ······································                             | Occupation              |                                                                       |                                                                      |
|    | Receipt For:                                                       |                         |                                                                       | _                                                                    |
|    | Primary General                                                    | Aggregate               | Year-to-Date ▼                                                        |                                                                      |
|    | Other (specify)                                                    |                         | 5000.00                                                               |                                                                      |
|    |                                                                    |                         | <u></u>                                                               |                                                                      |
| R  | Full Name (Last, First, Middle Initial)<br>Jason Torchinsky        |                         |                                                                       |                                                                      |
| υ. |                                                                    |                         |                                                                       | Date of Receipt                                                      |
|    | Mailing Address 45 North Hill Dr., Ste. 100                        | Laren / Laren / Laren / |                                                                       |                                                                      |
|    | City                                                               | State                   | Zip Code                                                              |                                                                      |
|    | Warrenton                                                          | VA                      | 20186                                                                 | Transaction ID : SA11AI.4305.0<br>Amount of Each Receipt this Period |
|    | FEC ID number of contributing                                      |                         | <u></u>                                                               |                                                                      |
|    | federal political committee.                                       |                         | <u> </u>                                                              | 5000.00                                                              |
|    | Name of Employer                                                   | Occupation              |                                                                       | Partner Attribution                                                  |
|    | Holtzman Vogel Josefiak                                            | Partner                 |                                                                       |                                                                      |
|    | Receipt For:                                                       | Aggregate Y             | /ear-to-Date ▼                                                        |                                                                      |
|    | Primary General                                                    |                         | ·····                                                                 |                                                                      |
|    | Other (specify) 🔻                                                  | L. r. A                 | 5000.00                                                               |                                                                      |
|    | Full Name (Last, First, Middle Initial)                            |                         |                                                                       |                                                                      |
|    | Craig M. Hurlbert                                                  |                         |                                                                       | Date of Receipt                                                      |
|    | Mailing Address 1104 S. 2nd St.                                    |                         |                                                                       |                                                                      |
|    | City                                                               |                         |                                                                       |                                                                      |
|    | Hamilton                                                           | State<br>MT             | Zip Code                                                              | Transaction ID : SA11AI.4313                                         |
| -  | FEC ID number of contributing                                      |                         | 59840                                                                 | Amount of Each Receipt this Period                                   |
|    | federal political committee.                                       | C                       |                                                                       | 5001.00                                                              |
| 1  | Name of Employer                                                   |                         |                                                                       |                                                                      |
|    | Self                                                               | Occupation              |                                                                       |                                                                      |
|    | Receipt For:                                                       | CEO                     |                                                                       |                                                                      |
|    | Primary General                                                    |                         | ear-to-Date ▼                                                         |                                                                      |
|    | Other (specify)                                                    |                         | 5001.00                                                               |                                                                      |
|    | [                                                                  |                         | <u>`/`/``/``/``/</u>                                                  |                                                                      |
|    |                                                                    |                         |                                                                       |                                                                      |
| 50 | BTOTAL of Receipts This Page (optional)                            |                         |                                                                       |                                                                      |
| то | TAL This Period (last page this line number of                     |                         |                                                                       |                                                                      |
|    |                                                                    |                         | • 🕨                                                                   |                                                                      |

| SCHEDULE A (FEC Form 3X)                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|--|--|--|--|
| ITEMIZED RECEIPTS                                                                                                   | Use separate schedule(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FOR LINE NUMBER: PAGE 14 OF 33<br>(check only one) |  |  |  |  |  |
| TEMIZED RECEIPIS                                                                                                    | for each category of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |  |  |  |  |  |
|                                                                                                                     | Detailed Summary Page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | X 11a 11b 11c 12                                   |  |  |  |  |  |
| Any information conjud from such Density in a                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 13 14 15 16 17                                     |  |  |  |  |  |
| Any information copied from such Reports and Statements<br>or for commercial purposes, other than using the name an | may not be sold or used by any pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | erson for the purpose of soliciting contributions  |  |  |  |  |  |
| or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)                               | address of any political committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | to solicit contributions from such committee.      |  |  |  |  |  |
|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| / GOP VICTORY FUND 2014                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| Full Norre (Level Et al. All ( )                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)<br>A. Paul J. Isaac                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date of Receipt                                    |  |  |  |  |  |
| Mailing Address 75 Prospect Ave.                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| City State                                                                                                          | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |  |  |  |  |  |
| Larchmont NY                                                                                                        | 10538                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |  |  |  |  |  |
| FEC ID number of contributing                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount of Each Receipt this Period                 |  |  |  |  |  |
| federal political committee.                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2600.00                                            |  |  |  |  |  |
| Name of Frederic                                                                                                    | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |  |  |  |  |  |
| Name of Employer Occupati                                                                                           | on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                                                  |  |  |  |  |  |
| Info Requested Info Requ                                                                                            | lested                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |  |  |  |  |  |
| Receipt For: Aggregat                                                                                               | e Year-to-Date ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -1                                                 |  |  |  |  |  |
| General                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| Other (specify) 🔻                                                                                                   | 2600.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |  |  |  |  |  |
|                                                                                                                     | ? <u>`</u> ? <u>`</u> ? <u>`</u> ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| B. Paul J. Isaac                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| Mailing Address 75 Prospect Ave.                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date of Receipt                                    |  |  |  |  |  |
|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LANA ( LANA) ( LANA)                               |  |  |  |  |  |
| City State                                                                                                          | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |  |  |  |  |  |
| Larchmont NY                                                                                                        | 10538                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transaction ID : SA11AI.4296                       |  |  |  |  |  |
| FEC ID number of contributing                                                                                       | 10338                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Amount of Each Receipt this Period                 |  |  |  |  |  |
| federal political committee.                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
|                                                                                                                     | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2600.00                                            |  |  |  |  |  |
| Name of Employer Occupatio                                                                                          | n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                  |  |  |  |  |  |
| Info Requested                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| Receipt For:                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                  |  |  |  |  |  |
| Primary General Aggregate                                                                                           | Year-to-Date V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |  |  |  |  |  |
| Other (specify)                                                                                                     | 5200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |  |  |  |  |  |
|                                                                                                                     | Arra Ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| C. Paul J. Isaac                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| Mailing Address 75 Prospect Ave.                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date of Receipt                                    |  |  |  |  |  |
|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LARLAN (LARD) (LARD)                               |  |  |  |  |  |
| City State                                                                                                          | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |  |  |  |  |  |
| Larchmont NY                                                                                                        | 10538                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Transaction ID : SA11AI.4297                       |  |  |  |  |  |
| FEC ID number of contributing                                                                                       | 10000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Amount of Each Receipt this Period                 |  |  |  |  |  |
| federal political committee.                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
|                                                                                                                     | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2600.00                                            |  |  |  |  |  |
| Name of Employer Occupation                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| Info Requested Info Reque                                                                                           | sted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |  |  |  |  |  |
| Receipt For:                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| Primary General Aggregate                                                                                           | Year-to-Date ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |  |  |  |  |  |
| Other (specify)                                                                                                     | 7800.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |  |  |  |  |  |
|                                                                                                                     | Shart - Shart |                                                    |  |  |  |  |  |
|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7800.00                                            |  |  |  |  |  |
|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7800.00                                            |  |  |  |  |  |
| TOTAL This Period (last page this line number only)                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |  |  |  |  |  |
|                                                                                                                     | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | L_r_r_r_r_r_r_r_r_r_r_r_r_r_r_r_r_r_r_r            |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)                  |                                                               |                | FOR LINE NUMBER: PAGE 15 OF 33                       |                                                                    |  |  |  |  |
|-------------------------------------------|---------------------------------------------------------------|----------------|------------------------------------------------------|--------------------------------------------------------------------|--|--|--|--|
| ITEMIZED RECEIPTS                         |                                                               |                | Use separate schedule(s)<br>for each category of the | (check only one)                                                   |  |  |  |  |
|                                           |                                                               |                | Detailed Summary Page                                | X 11a 11b 11c 12<br>13 14 15 16 17                                 |  |  |  |  |
| Ar                                        | y information copied from such Reports and State              | ements ma      | av not be sold or used by any pe                     |                                                                    |  |  |  |  |
|                                           | for commercial purposes, other than using the na              |                |                                                      |                                                                    |  |  |  |  |
| Ν                                         | NAME OF COMMITTEE (In Full)                                   |                |                                                      |                                                                    |  |  |  |  |
| /                                         | GOP VICTORY FUND 2014                                         |                |                                                      |                                                                    |  |  |  |  |
| <u> </u>                                  | Full Name (Last, First, Middle Initial)                       |                |                                                      |                                                                    |  |  |  |  |
| Α.                                        | Travis M. Joyner                                              |                |                                                      | Date of Receipt                                                    |  |  |  |  |
|                                           | Mailing Address 5472 Klementz Lane                            |                |                                                      | <u>אראיזיאיזיאיז</u> / איזיאן / איזיאן / איזיא                     |  |  |  |  |
|                                           | City                                                          | State          | Zip Code                                             |                                                                    |  |  |  |  |
|                                           | Florence                                                      | MT             | 59833                                                | Transaction ID : SA11AI.4315<br>Amount of Each Receipt this Period |  |  |  |  |
|                                           | FEC ID number of contributing                                 |                | <u> </u>                                             |                                                                    |  |  |  |  |
|                                           | federal political committee.                                  |                | <u> </u>                                             | 5001.00                                                            |  |  |  |  |
|                                           | Name of Employer                                              | Occupation     |                                                      | -                                                                  |  |  |  |  |
|                                           |                                                               | Consultant     |                                                      |                                                                    |  |  |  |  |
|                                           | Receipt For:                                                  |                | Year-to-Date ▼                                       |                                                                    |  |  |  |  |
|                                           | Other (specify)                                               |                | 5001.00                                              |                                                                    |  |  |  |  |
| _                                         |                                                               | <u> </u>       | <u>/}`?/`/`/`/`/*`/</u>                              |                                                                    |  |  |  |  |
|                                           | Full Name (Last, First, Middle Initial)                       |                |                                                      |                                                                    |  |  |  |  |
| В.                                        | Richard M. Kovacevich                                         |                |                                                      | Date of Receipt                                                    |  |  |  |  |
|                                           | Mailing Address 420 Montgomery St.<br>12th Fl.                |                |                                                      |                                                                    |  |  |  |  |
|                                           | City                                                          | State          | Zip Code                                             | Transaction ID : SA11AI.4293                                       |  |  |  |  |
|                                           | San Francisco                                                 | CA             | 94104                                                | Amount of Each Receipt this Period                                 |  |  |  |  |
|                                           | FEC ID number of contributing<br>federal political committee. | C              |                                                      | 10000.00                                                           |  |  |  |  |
|                                           |                                                               |                | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>         |                                                                    |  |  |  |  |
|                                           | NIA                                                           | Occupation     |                                                      |                                                                    |  |  |  |  |
|                                           | Receipt For:                                                  | Retired        |                                                      | _                                                                  |  |  |  |  |
|                                           | Primary General                                               |                | Year-to-Date ▼                                       |                                                                    |  |  |  |  |
|                                           | Other (specify) ▼                                             | L <u>r_r</u> _ | <u>10000.00</u>                                      |                                                                    |  |  |  |  |
| _                                         | Full Name (Last, First, Middle Initial)                       |                |                                                      |                                                                    |  |  |  |  |
| c.                                        | Steven J. Law                                                 |                |                                                      | Date of Receipt                                                    |  |  |  |  |
|                                           | Mailing Address 7726 Falstaff Rd.                             |                |                                                      |                                                                    |  |  |  |  |
| City State                                |                                                               | State          | Zip Code                                             |                                                                    |  |  |  |  |
|                                           | McLean                                                        | VA             | 22102                                                | Transaction ID : SA11AI.4277<br>Amount of Each Receipt this Period |  |  |  |  |
|                                           | FEC ID number of contributing                                 |                | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~               | 1000.00                                                            |  |  |  |  |
| federal political committee.              |                                                               |                | <u></u>                                              |                                                                    |  |  |  |  |
|                                           |                                                               | Occupation     |                                                      | 1                                                                  |  |  |  |  |
| Beceint For:                              |                                                               | nfo Reques     | ited                                                 | 4                                                                  |  |  |  |  |
|                                           | Primary General                                               | Aggregate      | Year-to-Date ▼                                       |                                                                    |  |  |  |  |
| Other (specify) V                         |                                                               | 1000.00        |                                                      |                                                                    |  |  |  |  |
|                                           |                                                               |                |                                                      |                                                                    |  |  |  |  |
|                                           | URTOTAL of Depoints This Parts (artisted)                     |                |                                                      | 16001.00                                                           |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional) |                                                               |                |                                                      |                                                                    |  |  |  |  |
| Т                                         | OTAL This Period (last page this line number only             | y)             | · •                                                  |                                                                    |  |  |  |  |

| SCHEDULE A (FEC Form 3X)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                                      |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|--|
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Use separate schedule(s) for each category of the                                                                | FOR LINE NUMBER: PAGE 16 OF 33                       |  |  |
| ITEMIZED RECEIPTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  | (check only one)                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Detailed Summary Page                                                                                            | X 11a 11b 11c 12                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | 13 14 15 16 17                                       |  |  |
| Any information copied from such Reports and Statements m<br>or for commercial purposes, other than using the name and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ay not be sold or used by any pe                                                                                 |                                                      |  |  |
| the state state state and states | address of any political committee                                                                               | to solicit contributions from such committee.        |  |  |
| ( NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                      |  |  |
| GOP VICTORY FUND 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |  |  |
| Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |                                                      |  |  |
| A. Jennifer Leach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  |                                                      |  |  |
| Mailing Address 49 Adams Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  | Date of Receipt                                      |  |  |
| Maining Address 49 Adams Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  | <del>ריק-ריעיע-קייעיין</del> / רפיעיטין / ראיינ-איין |  |  |
| City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |                                                      |  |  |
| State State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Zip Code                                                                                                         | Transaction ID : SA11AI.4283                         |  |  |
| Sun River MT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 59483                                                                                                            |                                                      |  |  |
| FEC ID number of contributing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | Amount of Each Receipt this Period                   |  |  |
| federal political committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  | 5000.00                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u></u>                                                                                                          |                                                      |  |  |
| Name of Employer Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  | -                                                    |  |  |
| N/A Homemake                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r                                                                                                                |                                                      |  |  |
| Receipt For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  | _                                                    |  |  |
| Primary General Aggregate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Year-to-Date 🔻                                                                                                   |                                                      |  |  |
| Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5000.00                                                                                                          |                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |  |  |
| Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                            |                                                      |  |  |
| B. Jonathan C. Leach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  | Date of Receipt                                      |  |  |
| Mailing Address 49 Adams Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | 07 17 2014                                           |  |  |
| City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Zip Code                                                                                                         |                                                      |  |  |
| Sun River MT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 59483                                                                                                            | Transaction ID : SA11AI.4281                         |  |  |
| FEC ID number of contributing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | Amount of Each Receipt this Period                   |  |  |
| federal political committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                      |  |  |
| line line line line line line line line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ≝ <u></u>                                                                                                        |                                                      |  |  |
| Name of Employer Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                      |  |  |
| Loenbro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |                                                      |  |  |
| Receipt For:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  | -                                                    |  |  |
| Primary General Aggregate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rear-to-Date ▼                                                                                                   |                                                      |  |  |
| Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |  |  |
| Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |                                                      |  |  |
| C. Paul Leach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | Date of Receipt                                      |  |  |
| Mailing Address 67 Adams Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |  |  |
| City State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Zip Code                                                                                                         | Transaction ID : SA11AI.4285                         |  |  |
| Sun River MT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 59483                                                                                                            |                                                      |  |  |
| FEC ID number of contributing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | Amount of Each Receipt this Period                   |  |  |
| federal political committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - 1                                                                                                              | 10000.00                                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | <u>L_r_r_r_r_r_r_r_r_</u>                            |  |  |
| Name of Employer Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                      |  |  |
| Loenbro Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ļ                                                                                                                |                                                      |  |  |
| Receipt For:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ear-to-Date ▼                                                                                                    |                                                      |  |  |
| Primary General                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |  |  |
| Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10000.00                                                                                                         |                                                      |  |  |
| وما                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u></u>                                                                                                          |                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |  |  |
| SUBTOTAL of Receipts This Page (antional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                      |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                |                                                      |  |  |
| TOTAL This Period (last page this line number only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                      |  |  |
| and the tenso test page this line number only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and the second |                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                      |  |  |

| S             | CHEDULE A (FEC Form 3X)                                        |                            |                                                                       |                                                                                                      |
|---------------|----------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
|               | EMIZED RECEIPTS                                                |                            | Use separate schedule(s)                                              | FOR LINE NUMBER: PAGE 17 OF 33<br>(check only one)                                                   |
|               |                                                                |                            | for each category of the<br>Detailed Summary Page                     | X 11a 11b 11c 12                                                                                     |
|               |                                                                |                            |                                                                       | 13 14 15 16 17                                                                                       |
| 0             | ter centroretar parpeades, other tilan using th                | Statements make name and a | ay not be sold or used by any p<br>address of any political committee | erson for the purpose of soliciting contributions<br>e to solicit contributions from such committee. |
|               | NAME OF COMMITTEE (In Full)<br>GOP VICTORY FUND 2014           |                            |                                                                       |                                                                                                      |
| ۲ <u>ــــ</u> | Full Name (Last, First, Middle Initial)<br>Michael Leffell     | - <u> </u>                 | <u> </u>                                                              |                                                                                                      |
|               | Mailing Address 35 Sheldrake Rd.                               | <u></u>                    |                                                                       |                                                                                                      |
|               | City                                                           | State                      | Zip Code                                                              | <u>0728</u> <u>2014</u><br>                                                                          |
|               | Scarsdale                                                      | NY                         | 10583                                                                 | Amount of Each Receipt this Period                                                                   |
|               | FEC ID number of contributing federal political committee.     |                            |                                                                       |                                                                                                      |
|               | Name of Employer                                               | Occupation                 |                                                                       |                                                                                                      |
|               | Postage Advisors                                               | Executive                  |                                                                       |                                                                                                      |
|               | Receipt For:                                                   |                            | Year-to-Date ▼                                                        | _                                                                                                    |
|               | Primary General                                                | ∧ggiogate                  |                                                                       |                                                                                                      |
|               | Other (specify) 🔻                                              | L                          | 18200.00                                                              |                                                                                                      |
| В.            | Full Name (Last, First, Middle Initial)<br>Barbara Leffingwell |                            |                                                                       | Date of Receipt                                                                                      |
|               | Mailing Address 680 Bear Creek Rd.                             |                            |                                                                       |                                                                                                      |
|               | City                                                           | State                      | Zip Code                                                              | Transaction ID : SA11AI.4321                                                                         |
|               | Victor                                                         | MT                         | 59875                                                                 | Amount of Each Receipt this Period                                                                   |
|               | FEC ID number of contributing federal political committee.     | C                          | Х <sup></sup> ХХХХ                                                    |                                                                                                      |
|               | Name of Employer                                               | Occupation                 |                                                                       | -                                                                                                    |
|               | Info Requested                                                 | Info Request               | ed                                                                    |                                                                                                      |
|               | Receipt For:                                                   | Aggregate \                | /ear-to-Date ▼                                                        | 1                                                                                                    |
|               | Other (specify) ▼                                              |                            | 5000.00                                                               |                                                                                                      |
| —<br>c.       | Full Name (Last, First, Middle Initial)<br>Laurens Leffingwell |                            |                                                                       |                                                                                                      |
|               | Mailing Address 680 Bear Creek Rd.                             |                            |                                                                       | Date of Receipt                                                                                      |
|               | City                                                           | State                      | Zip Code                                                              | <u>282014</u><br>Transaction ID : SA11AI.4319                                                        |
|               | Victor                                                         | MT                         | 59875                                                                 | Amount of Each Receipt this Period                                                                   |
| :             | FEC ID number of contributing<br>ederal political committee.   | C                          |                                                                       | 5000.00                                                                                              |
| 1             | Name of Employer                                               | Occupation                 |                                                                       | -                                                                                                    |
|               | Randall Metals Corp                                            | CEO                        |                                                                       |                                                                                                      |
| ļ             | Receipt For:                                                   | Aggregate Y                | ear-to-Date ▼                                                         | 1                                                                                                    |
|               | Primary General                                                |                            |                                                                       |                                                                                                      |
| <b></b>       | Other (specify) ▼                                              | <u></u> ,                  | <u>5000.00</u>                                                        |                                                                                                      |
| su            | BTOTAL of Receipts This Page (optional)                        |                            | •                                                                     | 20400.00                                                                                             |
| то            | TAL This Period (last page this line number o                  | nly)                       | ······                                                                |                                                                                                      |

| S  | CHEDULE A (FEC Form 3X)                                          | )                             |                                                                      |                                                                 |  |  |
|----|------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------|--|--|
|    | TEMIZED RECEIPTS                                                 |                               | Use separate schedule(s)                                             | FOR LINE NUMBER: PAGE 18 OF 33<br>(check only one)              |  |  |
| •  |                                                                  |                               | for each category of the<br>Detailed Summary Page                    | X 11a 11b 11c 12                                                |  |  |
| Г  |                                                                  |                               |                                                                      | 13 14 15 16 17                                                  |  |  |
|    |                                                                  | Statements m<br>he name and a | ay not be sold or used by any p<br>address of any political committe | e to solicit contributions from such committee.                 |  |  |
|    | NAME OF COMMITTEE (In Full)<br>GOP VICTORY FUND 2014             |                               |                                                                      |                                                                 |  |  |
| A  |                                                                  |                               |                                                                      | Date of Receipt                                                 |  |  |
|    | Mailing Address 15 Central Park West<br>PH 30                    |                               |                                                                      | لمبيمينينيا / لعرها / لسيسا                                     |  |  |
|    | City                                                             | State                         | Zip Code                                                             |                                                                 |  |  |
|    | New York                                                         | NY                            | 10023                                                                | Transaction ID : SA11AI.4374 Amount of Each Receipt this Period |  |  |
|    | FEC ID number of contributing federal political committee.       | C                             |                                                                      |                                                                 |  |  |
|    | Name of Employer                                                 | Occupation                    | )                                                                    |                                                                 |  |  |
|    | Third Point Advisors                                             | Investemen                    | t Banker                                                             |                                                                 |  |  |
|    | Receipt For:                                                     | Aggregate                     | Year-to-Date ▼                                                       |                                                                 |  |  |
|    | Other (specify)                                                  |                               |                                                                      |                                                                 |  |  |
|    |                                                                  |                               | <u>-1)</u>                                                           |                                                                 |  |  |
| в. | Full Name (Last, First, Middle Initial)<br>J. Daniel Lugosch III | 1                             | <u> </u>                                                             | Date of Receipt                                                 |  |  |
|    | Mailing Address 7014 SE Harbor Circle                            |                               |                                                                      |                                                                 |  |  |
|    | City                                                             | 04+4-                         |                                                                      |                                                                 |  |  |
|    | Stuart                                                           | State<br>FL                   | Zip Code<br>34996                                                    | Transaction ID : SA11AI.4347                                    |  |  |
|    | FEC ID number of contributing                                    |                               |                                                                      | Amount of Each Receipt this Period                              |  |  |
|    | federal political committee.                                     | C                             | r_t_t_t_t_t_t                                                        |                                                                 |  |  |
|    | Name of Employer Self                                            | Occupation                    |                                                                      | 7                                                               |  |  |
|    | Receipt For:                                                     | Retired                       |                                                                      |                                                                 |  |  |
|    | Primary General                                                  | Aggregate V                   | Year-to-Date ▼                                                       |                                                                 |  |  |
|    | Other (specify)                                                  |                               |                                                                      |                                                                 |  |  |
| ~  | Full Name (Last, First, Middle Initial)<br>Carole Mackie         |                               |                                                                      |                                                                 |  |  |
|    | Mailing Address 395 Hawk Point Lane                              |                               |                                                                      | Date of Receipt                                                 |  |  |
|    |                                                                  |                               |                                                                      | 07 17 2014                                                      |  |  |
|    | City                                                             | State                         | Zip Code                                                             | <u>07</u> <u>17</u> <u>2014</u><br>Transaction ID : SA11AI.4303 |  |  |
|    | Hamilton                                                         | MT                            | 59840                                                                | Amount of Each Receipt this Period                              |  |  |
|    | FEC ID number of contributing<br>federal political committee.    |                               |                                                                      | 250.00                                                          |  |  |
|    | Name of Employer                                                 | Occupation                    |                                                                      | -                                                               |  |  |
|    | N/A<br>Receipt For:                                              | Retired                       |                                                                      |                                                                 |  |  |
|    | Primary General                                                  | Aggregate Y                   | ′ear-to-Date ▼                                                       |                                                                 |  |  |
|    | Other (specify)                                                  |                               | 250.00                                                               |                                                                 |  |  |
|    |                                                                  | [ <u></u> 7/]                 |                                                                      |                                                                 |  |  |
| sı | JBTOTAL of Receipts This Page (optional)                         |                               | •                                                                    | 15450.00                                                        |  |  |
|    | TAL This Period (last page this line number                      |                               | •                                                                    |                                                                 |  |  |

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| SCHEDULE A (FEC Form 3X)                                                                           |                                                                                       |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| ITEMIZED RECEIPTS                                                                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page         | FOR LINE NUMBER: PAGE 19 OF 33<br>(check only one)                                                                                      |
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements may not be sold or used by any point and address of any political committee | 13     14     15     16     17       erson for the purpose of soliciting contributions<br>to solicit contributions from such committee. |
|                                                                                                    |                                                                                       |                                                                                                                                         |
| Full Name (Last, First, Middle Initial)<br>A. David L. Mackie                                      |                                                                                       | Date of Receipt                                                                                                                         |
| Mailing Address 395 Hawk Point Lane                                                                |                                                                                       |                                                                                                                                         |
| City<br>Hamilton                                                                                   | State Zip Code<br>MT 59840                                                            | Transaction ID : SA11AI.4301<br>Amount of Each Receipt this Period                                                                      |
| FEC ID number of contributing federal political committee.                                         | C                                                                                     |                                                                                                                                         |
| Name of Employer<br>N/A<br>Receipt For:                                                            | Occupation<br>Retired                                                                 |                                                                                                                                         |
| Primary General<br>Other (specify) ▼                                                               | Aggregate Year-to-Date ▼                                                              |                                                                                                                                         |
| Full Name (Last, First, Middle Initial)<br>B. Angela Meyers                                        |                                                                                       | Date of Receipt                                                                                                                         |
| Mailing Address 217 E. Nelson Ave.                                                                 |                                                                                       |                                                                                                                                         |
| City<br>Alexandria                                                                                 | State Zip Code<br>VA 22301                                                            | Transaction ID : SA11AI.4327<br>Amount of Each Receipt this Period                                                                      |
| FEC ID number of contributing federal political committee.                                         | C                                                                                     |                                                                                                                                         |
| Name of Employer<br>Self                                                                           | Occupation Consultant                                                                 | -                                                                                                                                       |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                               | Aggregate Year-to-Date ▼                                                              |                                                                                                                                         |
| Full Name (Last, First, Middle Initial)<br>C. Brad Mildenberger                                    |                                                                                       | Date of Receipt                                                                                                                         |
| Mailing Address PO Box 630                                                                         |                                                                                       |                                                                                                                                         |
| City<br>Hamilton                                                                                   | State Zip Code<br>MT 59840                                                            | Transaction ID : SA11AI.4273<br>Amount of Each Receipt this Period                                                                      |
| FEC ID number of contributing federal political committee.                                         | C                                                                                     |                                                                                                                                         |
| Info Requested                                                                                     | Occupation                                                                            |                                                                                                                                         |
| Beceint For:                                                                                       | Aggregate Year-to-Date ▼                                                              |                                                                                                                                         |
| SUBTOTAL of Receipts This Page (optional)                                                          | ▶                                                                                     |                                                                                                                                         |

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

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| ITEMIZED RECEIPTS                                                                                         | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page        | FOR LINE NUMBER: PAGE 20 OF 33<br>(check only one)                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the na | ments may not be sold or used by any pe<br>me and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee |
| GOP VICTORY FUND 2014                                                                                     |                                                                                      |                                                                                               |
| Full Name (Last, First, Middle Initial)<br>A. William E. Oberndorf                                        |                                                                                      | _                                                                                             |
| Mailing Address 505 Sansome St.<br>#1950                                                                  |                                                                                      | Date of Receipt                                                                               |
|                                                                                                           | State Zip Code<br>CA 94111                                                           | 09292014<br>Transaction ID : SA11AI.4372                                                      |
| FEC ID number of contributing federal political committee.                                                |                                                                                      | Amount of Each Receipt this Period                                                            |
| Oberndorf Enterprises Ex<br>Receipt For: Ac                                                               | cupation<br>ecutive<br>Igregate Year-to-Date V                                       |                                                                                               |
| Other (specify) ▼                                                                                         | 7280.00<br>                                                                          |                                                                                               |
| Full Name (Last, First, Middle Initial)<br>B. John L. Ochsner                                             |                                                                                      |                                                                                               |
| Now Odeen-                                                                                                | itate Zip Code<br>A 70121                                                            | Date of Receipt                                                                               |
| FEC ID number of contributing federal political committee.                                                |                                                                                      | Amount of Each Receipt this Period                                                            |
| Ochsner Clinic Phy.                                                                                       | sician                                                                               |                                                                                               |
| Receipt For:                                                                                              | pregate Year-to-Date ▼                                                               |                                                                                               |
| Full Name (Last, First, Middle Initial)<br>C. William Powers                                              |                                                                                      |                                                                                               |
| Mailing Address 190 NE 5th Ave.                                                                           |                                                                                      | Date of Receipt                                                                               |
| City St<br>Boca Raton Fi                                                                                  | ate Zip Code<br>33432                                                                | 09 27 2014<br>Transaction ID : SA11AI.4366                                                    |
| FEC ID number of contributing federal political committee.                                                |                                                                                      | Amount of Each Receipt this Period                                                            |
| Name of Employer Occu<br>The Strand Partners Princ                                                        | upation                                                                              |                                                                                               |
| Receipt For:                                                                                              | egate Year-to-Date ▼<br>                                                             |                                                                                               |
| SUBTOTAL of Receipts This Page (optional)                                                                 |                                                                                      | 11880.00                                                                                      |
| TOTAL This Period (last page this line number only)                                                       |                                                                                      |                                                                                               |
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| ITEMIZED RECEIPTS                                                                                                    | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:         PAGE         21         OF         33           (check only one)                           |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Any information copied from such Reports and Statements<br>or for commercial purposes, other than using the name and | I may not be sold or used by any pe<br>d address of any political committee   | 13 14 15 16 17<br>erson for the purpose of soliciting contributions<br>to solicit contributions from such committee |
|                                                                                                                      |                                                                               |                                                                                                                     |
| Full Name (Last, First, Middle Initial)<br>A. Bruce Rastetter                                                        |                                                                               |                                                                                                                     |
| Mailing Address 10640 City Hwy                                                                                       |                                                                               | Date of Receipt                                                                                                     |
| Lity State<br>Alden IA                                                                                               | Zip Code<br>50006                                                             | 07 29 2014<br>Transaction ID : SA11AI.4352                                                                          |
| FEC ID number of contributing federal political committee.                                                           |                                                                               | Amount of Each Receipt this Period                                                                                  |
| Name of Employer Occupation<br>Summit Group LLC CEO<br>Receipt For:                                                  | on                                                                            |                                                                                                                     |
| Aggregat<br>Primary General<br>Other (specify) ▼                                                                     | e Year-to-Date ▼<br>                                                          |                                                                                                                     |
| Full Name (Last, First, Middle Initial)<br>B. J. Joe Ricketts                                                        |                                                                               | Date of Receipt                                                                                                     |
| Mailing Address 1395 South Platte River Dr.                                                                          |                                                                               |                                                                                                                     |
| City State<br>Denver CO                                                                                              | Zip Code<br>80223                                                             | Transaction ID : SA11AI.4263                                                                                        |
| FEC ID number of contributing federal political committee.                                                           |                                                                               | Amount of Each Receipt this Period                                                                                  |
| Name of Employer Occupation<br>Self Entreprene                                                                       |                                                                               |                                                                                                                     |
| Receipt For:                                                                                                         | Year-to-Date ▼<br>10000.00                                                    |                                                                                                                     |
| Full Name (Last, First, Middle Initial)<br>C. James E. Rohr                                                          |                                                                               |                                                                                                                     |
| Mailing Address 613 Dorseville Rd.                                                                                   |                                                                               | Date of Receipt                                                                                                     |
| City State<br>Pittsburgh PA                                                                                          | Zip Code<br>15238                                                             | 07 17 2014<br>Transaction ID : SA11AI.4291                                                                          |
| FEC ID number of contributing federal political committee.                                                           |                                                                               | Amount of Each Receipt this Period                                                                                  |
| Name of Employer Occupation                                                                                          |                                                                               |                                                                                                                     |
| Receipt For:                                                                                                         | Year-to-Date ▼                                                                |                                                                                                                     |
| Other (specify) ▼                                                                                                    |                                                                               |                                                                                                                     |
| SUBTOTAL of Receipts This Page (optional)                                                                            |                                                                               | 25000.00                                                                                                            |
| TOTAL This Period (last page this line number only)                                                                  |                                                                               |                                                                                                                     |
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| SCHEDULE A (FEC Form 3                       | X)                                            |                                                                                                            |  |  |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------|--|--|
| ITEMIZED RECEIPTS                            | Use separate schedule(s)                      | FOR LINE NUMBER: PAGE 22 OF 33<br>(check only one)                                                         |  |  |
|                                              | for each category of the                      |                                                                                                            |  |  |
|                                              | Detailed Summary Page                         | X 11a 11b 11c 12                                                                                           |  |  |
| Any information copied from such Benorts a   |                                               | 13 14 15 16 17                                                                                             |  |  |
| or for commercial purposes, other than usin  | g the name and address of any political commi | / person for the purpose of soliciting contributions<br>ttee to solicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Full)                  | a the mane and address of any political commi | ttee to solicit contributions from such committee.                                                         |  |  |
| GOP VICTORY FUND 2014                        |                                               |                                                                                                            |  |  |
|                                              |                                               |                                                                                                            |  |  |
| Full Name (Last, First, Middle Initial)      |                                               |                                                                                                            |  |  |
| A. Patrick Rose                              |                                               |                                                                                                            |  |  |
| Mailing Address PO Box 7242                  |                                               | Date of Receipt                                                                                            |  |  |
|                                              |                                               |                                                                                                            |  |  |
| City                                         |                                               |                                                                                                            |  |  |
| Rancho Santa Fe                              | State Zip Code                                | Transaction ID : SA11AI.4341                                                                               |  |  |
|                                              | CA 92067                                      | Amount of Each Receipt this Period                                                                         |  |  |
| FEC ID number of contributing                |                                               |                                                                                                            |  |  |
| federal political committee.                 |                                               | 2000.00                                                                                                    |  |  |
| Name of Employer                             | Occupation                                    |                                                                                                            |  |  |
| N/A                                          | Occupation                                    |                                                                                                            |  |  |
| Receipt For:                                 | Retired                                       |                                                                                                            |  |  |
| r                                            | Aggregate Year-to-Date ▼                      |                                                                                                            |  |  |
| Primary General                              |                                               |                                                                                                            |  |  |
| Other (specify) 🔻                            | 2000.00                                       |                                                                                                            |  |  |
|                                              |                                               |                                                                                                            |  |  |
| Full Name (Last, First, Middle Initial)      |                                               |                                                                                                            |  |  |
| 3. James Schueler                            |                                               | Date of Receipt                                                                                            |  |  |
| Mailing Address PO Box 1408                  |                                               |                                                                                                            |  |  |
|                                              |                                               |                                                                                                            |  |  |
| City                                         | State Zip Code                                |                                                                                                            |  |  |
| Hamilton                                     | MT 59840                                      | Transaction ID : SA11AI.4317                                                                               |  |  |
| FEC ID number of contributing                |                                               | Amount of Each Receipt this Period                                                                         |  |  |
| federal political committee.                 | C                                             | 5000.00                                                                                                    |  |  |
| Name of Freedom                              |                                               |                                                                                                            |  |  |
| Name of Employer                             | Occupation                                    |                                                                                                            |  |  |
|                                              | Info Requested                                |                                                                                                            |  |  |
| Receipt For:                                 | Aggregate Year-to-Date ▼                      |                                                                                                            |  |  |
| Primary General                              |                                               | =                                                                                                          |  |  |
| Other (specify) 🔻                            | 5000.00                                       |                                                                                                            |  |  |
|                                              |                                               | J                                                                                                          |  |  |
| Full Name (Last, First, Middle Initial)      |                                               |                                                                                                            |  |  |
| . Helen O'Neill Schwab                       |                                               | Date of Bassist                                                                                            |  |  |
| Mailing Address PO Box 620070                |                                               | Date of Receipt                                                                                            |  |  |
|                                              |                                               | Larado ( Larad ) ( Larado )                                                                                |  |  |
| City                                         | State Zip Code                                |                                                                                                            |  |  |
| Woodside                                     | CA 94062                                      | Transaction ID : SA11AI.4311                                                                               |  |  |
| FEC ID number of contributing                |                                               | Amount of Each Receipt this Period                                                                         |  |  |
| federal political committee.                 |                                               |                                                                                                            |  |  |
|                                              |                                               | 42800.00                                                                                                   |  |  |
| Name of Employer                             | Occupation                                    |                                                                                                            |  |  |
| Info Requested                               | Info Requested                                |                                                                                                            |  |  |
| Receipt For:                                 |                                               | -1                                                                                                         |  |  |
| Primary General                              | Aggregate Year-to-Date ▼                      |                                                                                                            |  |  |
| Other (specify) 🔻                            | 42800.00                                      |                                                                                                            |  |  |
|                                              |                                               | I [                                                                                                        |  |  |
|                                              |                                               |                                                                                                            |  |  |
| UBTOTAL of Receipts This Page (optional)     |                                               |                                                                                                            |  |  |
|                                              | · · · · · · · · · · · · · · · · · · ·         | 49800.00                                                                                                   |  |  |
| OTAL This Period (last page this line number |                                               |                                                                                                            |  |  |
|                                              | oniy)                                         |                                                                                                            |  |  |

| SCHEDULE A (FEC Form 3X)                                                                             |                                             |                                                    |
|------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|
| ITEMIZED RECEIPTS                                                                                    | Use separate schedule(s)                    | FOR LINE NUMBER: PAGE 23 OF 33<br>(check only one) |
|                                                                                                      | for each category of the                    |                                                    |
|                                                                                                      | Detailed Summary Page                       |                                                    |
| Any information copied from such Reports and Sta<br>or for commercial purposes, other than using the | atements may not be cold or used by a       | 13 14 15 16 17                                     |
|                                                                                                      | name and address of any political committee | erson for the purpose of soliciting contributions  |
|                                                                                                      |                                             | to solicit contributions from such committee.      |
| GOP VICTORY FUND 2014                                                                                |                                             |                                                    |
|                                                                                                      |                                             |                                                    |
| Full Name (Last, First, Middle Initial)                                                              |                                             |                                                    |
| A. Michael B. Schwab                                                                                 |                                             | Data of Desci-t                                    |
| Mailing Address 2311 Ocean Front Walk                                                                |                                             | Date of Receipt                                    |
|                                                                                                      |                                             | Larren (Lara) (Lare)                               |
| City                                                                                                 | State Zip Code                              |                                                    |
| Venice                                                                                               | CA 90291                                    | Transaction ID : SA11AI.4271                       |
| FEC ID number of contributing                                                                        |                                             | Amount of Each Receipt this Period                 |
| federal political committee.                                                                         |                                             | 7500.00                                            |
|                                                                                                      |                                             | 7500.00                                            |
|                                                                                                      | Occupation                                  |                                                    |
| Info Requested                                                                                       | Info Requested                              |                                                    |
| Receipt For:                                                                                         | Aggregate Year-to-Date ▼                    | -1                                                 |
| General                                                                                              |                                             | 1                                                  |
| Other (specify) 🔻                                                                                    | 7500.00                                     |                                                    |
|                                                                                                      |                                             |                                                    |
| Full Name (Last, First, Middle Initial)                                                              |                                             |                                                    |
| 3. Chuck Shonkwiler                                                                                  |                                             | Date of Receipt                                    |
| Mailing Address PO Box 899                                                                           |                                             |                                                    |
|                                                                                                      |                                             |                                                    |
| City                                                                                                 | State Zip Code                              |                                                    |
| Hamilton                                                                                             | MT 59840                                    | Transaction ID : SA11AI.4269                       |
| FEC ID number of contributing                                                                        |                                             | Amount of Each Receipt this Period                 |
| federal political committee.                                                                         | C                                           | 1000.00                                            |
| Name of Employer                                                                                     |                                             |                                                    |
| Info Requested                                                                                       | Occupation                                  | 4                                                  |
| Receipt For:                                                                                         | fo Requested                                |                                                    |
|                                                                                                      | ggregate Year-to-Date ▼                     |                                                    |
|                                                                                                      |                                             |                                                    |
| Other (specify) 🔻                                                                                    | 1000.00                                     |                                                    |
|                                                                                                      |                                             |                                                    |
| Full Name (Last, First, Middle Initial)                                                              |                                             |                                                    |
| Niki A. Shonkwiler                                                                                   |                                             | Date of Receipt                                    |
| Mailing Address PO Box 899                                                                           |                                             |                                                    |
| City                                                                                                 |                                             | 07 17 2014                                         |
| Hamilton                                                                                             | State Zip Code                              | Transaction ID : SA11AI.4267                       |
|                                                                                                      | MT 59840                                    | Amount of Each Receipt this Period                 |
| FEC ID number of contributing                                                                        |                                             |                                                    |
| federal political committee.                                                                         | <u>Interner</u>                             | 1000.00                                            |
| Name of Employer                                                                                     |                                             | <u> </u>                                           |
| Info Desured 1                                                                                       |                                             |                                                    |
| Receipt For:                                                                                         | o Requested                                 |                                                    |
| Primary General Ag                                                                                   | Igregate Year-to-Date ▼                     |                                                    |
| Other (specify)                                                                                      |                                             |                                                    |
|                                                                                                      | 1000.00                                     |                                                    |
|                                                                                                      |                                             |                                                    |
| UBTOTAL of Repoints This Diversion                                                                   |                                             |                                                    |
| UBTOTAL of Receipts This Page (optional)                                                             |                                             | 9500.00                                            |
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| SCHEDULE A (FEC Form 3X)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| ITEMIZED RECEIPTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Use separate schedule(s)                     | FOR LINE NUMBER: PAGE 24 OF 33<br>(check only one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for each category of the                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Detailed Summary Page                        | X 11a 11b 11c 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Any information copied from such Reports and (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | 13 14 15 16 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Fully                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | blatements may not be sold or used by any pe | erson for the purpose of soliciting contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and address of any political committee       | to solicit contributions from such committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| GOP VICTORY FUND 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| / CONTROLOGY FUND 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Mailing Address 1520 York Ave.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Mailing Address 3829 Trails Edge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | Date of Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1000.00                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| TOTAL of Receipts This Ross (actions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | 8600.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| AL This Period (last page this line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| SCHEDULE A (FEC Form 3X)                                                                                                           |                                                                                                                 |                                                    |  |  |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|--|
| ITEMIZED RECEIPTS                                                                                                                  | Use separate schedule(s)                                                                                        | FOR LINE NUMBER: PAGE 25 OF 33<br>(check only one) |  |  |
| HEILED ALCEIF13                                                                                                                    | for each category of the                                                                                        |                                                    |  |  |
|                                                                                                                                    | Detailed Summary Page                                                                                           | X 11a 11b 11c 12                                   |  |  |
| Any information copied from such Reports and St                                                                                    | atomonte marine de la companya de la | 13 14 15 16 17                                     |  |  |
| Any information copied from such Reports and St<br>or for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Fully | name and address of any political asymptic                                                                      | rson for the purpose of soliciting contributions   |  |  |
| NAME OF COMMITTEE (In Full)                                                                                                        | and and address of any political committee                                                                      | to solicit contributions from such committee.      |  |  |
| GOP VICTORY FUND 2014                                                                                                              |                                                                                                                 |                                                    |  |  |
|                                                                                                                                    |                                                                                                                 |                                                    |  |  |
| Full Name (Last, First, Middle Initial)                                                                                            |                                                                                                                 |                                                    |  |  |
| A. Donald T. Valentine                                                                                                             |                                                                                                                 |                                                    |  |  |
| Mailing Address 9745 E. Bajada Rd.                                                                                                 |                                                                                                                 | Date of Receipt                                    |  |  |
| a mag trade cos 3745 E. Bajada Ro.                                                                                                 |                                                                                                                 | Langer ( Langer )                                  |  |  |
| City                                                                                                                               | Dec.                                                                                                            |                                                    |  |  |
| Scottsdale                                                                                                                         | State Zip Code                                                                                                  | Transaction ID : SA11AI.4279                       |  |  |
|                                                                                                                                    | AZ 85262                                                                                                        | Amount of Each Receipt this Period                 |  |  |
| FEC ID number of contributing                                                                                                      |                                                                                                                 |                                                    |  |  |
| federal political committee.                                                                                                       |                                                                                                                 | 10000.00                                           |  |  |
| Name of Employer                                                                                                                   |                                                                                                                 | Charles y - A - A - A - A - A - A - A - A - A -    |  |  |
| Security O., Hull                                                                                                                  | Occupation                                                                                                      | 7                                                  |  |  |
| Receipt For:                                                                                                                       | Ventur Capital                                                                                                  |                                                    |  |  |
|                                                                                                                                    | Aggregate Year-to-Date ▼                                                                                        | 7                                                  |  |  |
| Other (specify) ▼                                                                                                                  |                                                                                                                 |                                                    |  |  |
| Curier (specify)                                                                                                                   |                                                                                                                 |                                                    |  |  |
| Full Manual I                                                                                                                      |                                                                                                                 |                                                    |  |  |
| Full Name (Last, First, Middle Initial)                                                                                            |                                                                                                                 |                                                    |  |  |
| B. Stephen T. Whelan                                                                                                               |                                                                                                                 | Date of Receipt                                    |  |  |
| Mailing Address 405 Lexington Ave.                                                                                                 |                                                                                                                 |                                                    |  |  |
| City                                                                                                                               |                                                                                                                 |                                                    |  |  |
| •                                                                                                                                  | State Zip Code                                                                                                  | Transaction ID : SA11AI.4323                       |  |  |
| New York                                                                                                                           | NY 10174                                                                                                        |                                                    |  |  |
| FEC ID number of contributing                                                                                                      |                                                                                                                 | Amount of Each Receipt this Period                 |  |  |
| federal political committee.                                                                                                       |                                                                                                                 | 2000.00                                            |  |  |
| Name of Employer                                                                                                                   |                                                                                                                 |                                                    |  |  |
| Blank Rome LLP                                                                                                                     | Occupation                                                                                                      |                                                    |  |  |
| Receipt For:                                                                                                                       | ttorney                                                                                                         |                                                    |  |  |
|                                                                                                                                    | ggregate Year-to-Date ▼                                                                                         |                                                    |  |  |
|                                                                                                                                    |                                                                                                                 |                                                    |  |  |
| Other (specify) <del>▼</del>                                                                                                       | 2000.00                                                                                                         |                                                    |  |  |
|                                                                                                                                    |                                                                                                                 |                                                    |  |  |
| Full Name (Last, First, Middle Initial)                                                                                            |                                                                                                                 |                                                    |  |  |
| C. Henry Wilson                                                                                                                    |                                                                                                                 | Date of Receipt                                    |  |  |
| Mailing Address 8 Brookside                                                                                                        |                                                                                                                 |                                                    |  |  |
| City                                                                                                                               |                                                                                                                 |                                                    |  |  |
| Missoula                                                                                                                           | State Zip Code                                                                                                  | <u> </u>                                           |  |  |
|                                                                                                                                    | MT 59802                                                                                                        |                                                    |  |  |
| FEC ID number of contributing                                                                                                      |                                                                                                                 | Amount of Each Receipt this Period                 |  |  |
| federal political committee.                                                                                                       |                                                                                                                 | 5000.00                                            |  |  |
| Name of Employer                                                                                                                   |                                                                                                                 |                                                    |  |  |
| N/A                                                                                                                                | cupation                                                                                                        |                                                    |  |  |
| Receipt For:                                                                                                                       | tired                                                                                                           |                                                    |  |  |
| Primary General Ac                                                                                                                 | gregate Year-to-Date V                                                                                          |                                                    |  |  |
| Other (specify)                                                                                                                    |                                                                                                                 |                                                    |  |  |
|                                                                                                                                    | <u></u>                                                                                                         |                                                    |  |  |
|                                                                                                                                    |                                                                                                                 |                                                    |  |  |
| SUBTOTAL of Parallele The P                                                                                                        |                                                                                                                 |                                                    |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                                                          |                                                                                                                 | 17000.00                                           |  |  |
|                                                                                                                                    |                                                                                                                 |                                                    |  |  |
| TOTAL This Period (last page this line number only).                                                                               | •••••                                                                                                           | 353382.00                                          |  |  |
|                                                                                                                                    |                                                                                                                 |                                                    |  |  |

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#### SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) for each category of the X 21b Detailed Summary Page 22 23 24 25 27 28a 28b 28c 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) GOP VICTORY FUND 2014 Full Name (Last, First, Middle Initial) A. Amex-Merchant Date of Disbursement Mailing Address PO Box 53852 bro 07 07 2014 City State Zip Code Phoenix Transaction ID : SB21B.4377 AZ 85072 Purpose of Disbursement Merchant Fees Amount of Each Disbursement this Period Candidate Name Category/ Type 5051.83 Office Sought: House **Disbursement For:** Senate Primary General President Other (specify) T State: District: Full Name (Last, First, Middle Initial) B. Amex-Merchant Date of Disbursement Mailing Address PO Box 53852 N V V R. **N** n 60 05 2014 City State Zip Code Phoenix Transaction ID : SB21B.4381 AZ 85072 Purpose of Disbursement Merchant Fees Amount of Each Disbursement this Period Candidate Name Category/ 289.15 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) c. Amex-Merchant Date of Disbursement Mailing Address PO Box 53852 1 08 05 2014 City State Zip Code Phoenix AZ Transaction ID : SB21B,4382 85072 Purpose of Disbursement Merchant Fees Candidate Name Amount of Each Disbursement this Period

Category/

Type

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General

Office Sought:

State:

House

Senate

District:

President

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

Disbursement For:

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

Primary

Other (specify)

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#### SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS FOR LINE NUMBER: Use separate schedule(s) PAGE 27 OF 33 (check only one) for each category of the X 21b Detailed Summary Page 22 23 24 25 26 27 28a Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 28b 30b or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. GOP VICTORY FUND 2014 Full Name (Last, First, Middle Initial) A. BB&T Date of Disbursement Mailing Address 1909 K St., NW 200 D ΥĒ 07 15 2014 City State Zip Code Washington DC Transaction ID : SB21B.4379 20006 Purpose of Disbursement Merchant Fees Amount of Each Disbursement this Period Candidate Name Category/ Office Sought: Type 3216.98 House Disbursement For: Senate Primary General President Other (specify) v State: District Full Name (Last, First, Middle Initial) B. BB&T Date of Disbursement Mailing Address 1909 K St., NW ערע <u>0</u>8 15 2014 City State Zip Code Washington DC Transaction ID : SB21B.4383 20006 Purpose of Disbursement Merchant Fees Amount of Each Disbursement this Period Candidate Name Category/ Office Sought: Type 2446.48 House Disbursement For: Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. BB&T Date of Disbursement Mailing Address 1909 K St., NW ัมาวิกาศ 1-V-1-09 15 2014 City State Zip Code Washington DC 20006 Transaction ID : SB21B.4385 Purpose of Disbursement Merchant Fees Candidate Name Amount of Each Disbursement this Period Category/ Office Sought: Type 74.95 House Disbursement For: Senate Primary General President Other (specify) T State: District SUBTOTAL of Disbursements This Page (optional).....

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

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| ITEMIZED DISBURSEMENTS                                                                                      | Use separate schedule(s)          | FOR LINE       | NUMBER:                                       | PAGE 28 OF 33                                     |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------|-----------------------------------------------|---------------------------------------------------|
| DISBORSEMENTS                                                                                               | for each category of the          |                | у оле)                                        | 100 10 01 00                                      |
|                                                                                                             | Detailed Summary Page             | X 21b          | 22 23                                         | 24 25 26                                          |
| Any information and it is                                                                                   |                                   | 27             | 28a 28b                                       |                                                   |
| Any information copied from such Reports and Stater<br>or for commercial purposes, other than using the nam | nents may not be sold or used     | d by any pers  | OD for the purpose                            |                                                   |
| or for commercial purposes, other than using the nam                                                        | ne and address of any political   | I committee to | on lor une purpose o<br>Solicit contributions | of soliciting contributions                       |
| NAME OF COMMITTEE (In Full)                                                                                 |                                   |                |                                               | nom such committee.                               |
| GOP VICTORY FUND 2014                                                                                       |                                   |                |                                               |                                                   |
|                                                                                                             |                                   |                |                                               |                                                   |
| Full Name (Last, First, Middle Initial)                                                                     |                                   |                |                                               |                                                   |
| A. SBR Enterprises LLC                                                                                      |                                   |                |                                               |                                                   |
|                                                                                                             |                                   |                | Date of Disburser                             | ment                                              |
| Mailing Address 25023 Algonquin Trail                                                                       |                                   |                | [wvw] / [ow                                   |                                                   |
|                                                                                                             |                                   | [              | 07 18                                         | <b>6</b> 17 17                                    |
| City                                                                                                        | tate Zin Code                     |                |                                               |                                                   |
| Culpeper                                                                                                    | ць 0006                           |                | Transastian ID                                |                                                   |
| Purpose of Disbursement                                                                                     | VA 22701                          |                | Transaction ID :                              | SB21B.4386                                        |
| Fundraising Consulting/Travel                                                                               | F                                 |                |                                               |                                                   |
| Candidate Name                                                                                              |                                   |                | Amount of Each D                              | Disbursement this Period                          |
|                                                                                                             |                                   | Category/      |                                               |                                                   |
| Office Sought: House Disbursem                                                                              |                                   | Type           |                                               | 11035.47                                          |
| Disbuisem                                                                                                   |                                   |                | <u> </u>                                      |                                                   |
|                                                                                                             | rimary General                    |                |                                               |                                                   |
| State: District C                                                                                           | Nher (specify)                    |                |                                               |                                                   |
| District:                                                                                                   |                                   |                |                                               |                                                   |
| Full Name (Last, First, Middle Initial)                                                                     |                                   |                |                                               |                                                   |
| 3. Stock Farm Club                                                                                          |                                   |                |                                               | ·                                                 |
|                                                                                                             |                                   |                | Date of Disburseme                            | ent                                               |
| Mailing Address 1428 Stock Farm Rd.                                                                         |                                   |                | aral / Lura                                   | \ <del>[                                   </del> |
|                                                                                                             |                                   |                | 07 18                                         | 2014                                              |
| City Sta                                                                                                    | ite Zip Code                      |                |                                               |                                                   |
| Hamilton                                                                                                    |                                   |                | Transaction ID : S                            | SB21D 4207                                        |
| Purpose of Disbursement                                                                                     |                                   |                |                                               | 00210.4307                                        |
| Event Site Rental/Catering                                                                                  |                                   | ا الديريين     |                                               |                                                   |
| Candidate Name                                                                                              | [ <u>L</u>                        | <u> </u>       | Amount of Each Dis                            | sbursement this Period                            |
|                                                                                                             |                                   | ategory/       |                                               |                                                   |
| Office Sought: House Disbursemer                                                                            | nt For                            | Туре           | <u></u>                                       | 13471.99                                          |
|                                                                                                             |                                   |                |                                               |                                                   |
|                                                                                                             | mary General                      |                |                                               |                                                   |
| State: District:                                                                                            | ner (specify)                     |                |                                               |                                                   |
| Full Name (Last, First, Middle Initial)                                                                     |                                   |                |                                               |                                                   |
| , di Harie (Last, First, Middle Initial)                                                                    |                                   | ·····          |                                               |                                                   |
|                                                                                                             |                                   |                | Date of Disbursemer                           | at                                                |
| Mailing Address                                                                                             |                                   |                |                                               |                                                   |
| Maning Address                                                                                              |                                   |                |                                               | ال <u>محمحم مما</u> ر ،                           |
| City                                                                                                        |                                   | j              |                                               |                                                   |
| State                                                                                                       | Zip Code                          |                |                                               |                                                   |
| Purpose of Disbursement                                                                                     |                                   |                |                                               |                                                   |
| a pose of Disbursement                                                                                      |                                   |                |                                               |                                                   |
| Candidate Name                                                                                              |                                   |                |                                               |                                                   |
|                                                                                                             |                                   | <u> </u>       | mount of Each Disb                            | ursement this Period                              |
|                                                                                                             |                                   | egory/         |                                               |                                                   |
| Office Sought: House Disbursement                                                                           | For:                              | ype            |                                               | -n-r-r-n-n                                        |
| Senate                                                                                                      |                                   |                |                                               |                                                   |
| President Othe                                                                                              | er (specify)                      | 1              |                                               |                                                   |
| State: District:                                                                                            | (specify)                         | 1              |                                               |                                                   |
|                                                                                                             |                                   |                |                                               |                                                   |
| JBTOTAL of Disbursements This Day of the                                                                    |                                   |                |                                               |                                                   |
| JBTOTAL of Disbursements This Page (optional)                                                               |                                   |                |                                               | 24507.46                                          |
|                                                                                                             |                                   |                |                                               | <u></u>                                           |
| OTAL This Period (last page this line number only)                                                          | and a second second second second |                |                                               | 37634.77                                          |
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| SCHEDULE B (FEC Form 3X)                                                                                     |                                                                                                      |                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ITEMIZED DISBURSEMENTS                                                                                       | AIZED DISBURSEMENTS<br>Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page |                                                                                                                                                                  |
| Any information copied from such Reports and Staten<br>or for commercial purposes, other than using the name |                                                                                                      | 27     28a     23     24     25     26       1 by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. |
| GOP VICTORY FUND 2014                                                                                        |                                                                                                      | committee to solicit contributions from such committee.                                                                                                          |
| Full Name (Last, First, Middle Initial)                                                                      |                                                                                                      |                                                                                                                                                                  |
| A. BILL CASSIDY FOR US SENATE                                                                                |                                                                                                      | Date of Disbursement                                                                                                                                             |
| Mailing Address PO BOX 80505                                                                                 |                                                                                                      | 07 ( 31 ( 2014 )                                                                                                                                                 |
| BATON BOUGE                                                                                                  | tate Zip Code<br>LA 70898                                                                            | Transaction ID : SB22.4393                                                                                                                                       |
| Distribution of net JFC proceeds                                                                             |                                                                                                      | 008 Amount of Each Disbursement this Period                                                                                                                      |
| Candidate Name<br>WILLIAM CASSIDY                                                                            |                                                                                                      | Category/                                                                                                                                                        |
| Office Sought: House Disburseme                                                                              | Primary General                                                                                      | Туре 70264.32                                                                                                                                                    |
| State: LA District: 00                                                                                       | Other (specify) ▼                                                                                    |                                                                                                                                                                  |
| Full Name (Last, First, Middle Initial)<br>B. BILL CASSIDY FOR US SENATE                                     |                                                                                                      | Date of Disbursement                                                                                                                                             |
| Mailing Address PO BOX 80505                                                                                 |                                                                                                      | 09 20 2014                                                                                                                                                       |
| RATON BOLIOF                                                                                                 | ate Zip Code<br>A 70898                                                                              | Transaction ID : SB22.4396                                                                                                                                       |
| Distribution of net JFC proceeds Candidate Name                                                              |                                                                                                      | 008 Amount of Each Disbursement this Period                                                                                                                      |
| WILLIAM CASSIDY                                                                                              |                                                                                                      | ategory/<br>Type 7602.29                                                                                                                                         |
| Prosident -                                                                                                  | nt For:<br>imary General                                                                             |                                                                                                                                                                  |
| State: LA District: 00                                                                                       | her (specify) 🔻                                                                                      |                                                                                                                                                                  |
| Full Name (Last, First, Middle Initial)<br>C. CORY GARDNER FOR SENATE                                        |                                                                                                      | Date of Disbursement                                                                                                                                             |
| Mailing Address 9227 E. LINCOLN AVE., #200-234                                                               |                                                                                                      | 07 31 2014                                                                                                                                                       |
| City Stat<br>LONE TREE CO<br>Purpose of Disbursement                                                         |                                                                                                      | Transaction ID : SB22.4390                                                                                                                                       |
| Distribution of net JFC proceeds<br>Candidate Name                                                           |                                                                                                      | Amount of Each Disbursement this Period                                                                                                                          |
| CORY GARDNER                                                                                                 |                                                                                                      | legory/<br>Type 72780.43                                                                                                                                         |
|                                                                                                              | t For:<br>nary General<br>er (specify) ▼                                                             | ypo                                                                                                                                                              |
| State: CO District: 00                                                                                       |                                                                                                      |                                                                                                                                                                  |
| SUBTOTAL of Disbursements This Page (optional)                                                               |                                                                                                      | 150647.04                                                                                                                                                        |
| TOTAL This Period (last page this line number only)                                                          | ······································                                                               |                                                                                                                                                                  |

| ITEMIZED DISBURSEMENTS       Use separate schwald(s)       COR LNE NUMBER:       PAGE 30 OF 33         Image: Separate schwald(s)       Or add category of the Detailed Summary Page       Core (only one)       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210       210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SCHEDULE B (FEC Form 3X)                                    |                                                   |                                                             |    |
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| Index Category of the<br>Divided Samary Page       Image 22<br>(Image 22 | ITEMIZED DISBURSEMENTS                                      | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 30 OF                                 | 33 |
| Any information depets from such Reports and Statements may not be sold or used by any person for the propose of distance contributions from such acomplete.       300         NAME OF COMMITTEE (In Full)       GOP VICTORY FUND 2014       Date of Disbursement         A. CORY GARDNER FOR SENATE       Date of Disbursement         Mailing Address 9277. E. LINCOLN AVE., #200-234       Date of Disbursement         Cay       E. LINCOLN AVE., #200-234       Date of Disbursement         Cay       E. LINCOLN AVE., #200-234       Date of Disbursement         Cay       E. LINCOLN AVE., #200-234       Transaction ID : 5822.4396         Amount of Each Disbursement bits Period       Convertice of Disbursement bits Period         Convertice of Disbursement Discussement for:       Convertice of Disbursement for:       Date of Disbursement in Period         State:       Convertice of Disbursement for:       Date of Disbursement in Period       Date of Disbursement in Period         State:       Convertice of Disbursement for:       Date of Disbursement in Period       Date of Disbursement in Period         Mailing Address 425 SECOND STREET NE       Date of Disbursement for:       Date of Disbursement in Period         Mailing Address 425 SECOND STREET NE       Date of Disbursement for:       Date of Disbursement in Period         Parobard Disbursement in Disbursement For:       Disonals for Disbursement for:       Date of Disbursement in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             | for each category of the<br>Detailed Summary Page |                                                             | 26 |
| NAME OF COMMITTEE (In Full)<br>GOP VICTORY FUND 2014         Full Name (Last, First, Middle Initial)         A. CORY GARDNER FOR SENATE         Mailing Address 9227 E. LINCOLN AVE, #200-234         City         City         Core TREE         Maining Address 425 SECOND STREET NE         Core Tree         Core Tree         Core Tree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Any information copied from such Reports and States         |                                                   | 27 28a 28b 28c 29                                           |    |
| SOP VICTORY FUND 2014         Art Name (Last, First, Middle Initial)         A. CORY GARDNER FOR SENATE         Mailing Address 9227 E. LINCOLN AVE., #200-334         City         City         Purpose of Disbursement         Distribution feel //E proceeds         Candidate Name         Corry GARDNER         Office Sought         State:         Corry GARDNER         Office Sought         State:         Corry GARDNER         Constraint         Constraint         State:         Corry GARDNER         Constraint         Constraint         Constraint         State:         Corry GARDNER         Constraint:         Office Sought         House         State:       Corry GARDNER         Corry GARDNER         Corry GARDNER         Corry GARDNER         Corry GARDNER         Corry GARDNER         Constraint         State:       Corry GARDNER         Corry GARDNER       Corry GARDNER         Mailing Address 425 SECOND STREET NE         Candidate Name         Candidate Nan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | or for commercial purposes, other than using the name       | e and address of any political                    | d by any person for the purpose of soliciting contributions |    |
| Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       9227 E. LINCOLN AVE., #200-234       099       1201         City       Converting       State       2/p Code         Purpose of Disbursement       008       008         Candidate Name       008       Category         Office Sought:       President       014         Senate       014       014         Purpose of Disbursement For:       01404.17         Office Sought:       Name (Last, First, Middle Initial)         B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address       425 Seconds       2002         Office Sought:       House       016bursement For:       007         Purpose of Disbursement       Disbursement For:       021         Office Sought:       Senate       2002       Transaction ID: SB22.4391         Mailing Address       425 Second STREET NE       Category       731       2014         Office Sought:       House       Disbursement For:       008       Category       731       2014         City       WashiNGTON       State       20002       Transaction ID: SB22.4391       Amount of Each Disbursement         State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                   | contributions non such committee.                           |    |
| A. CORY GARDNER FOR SENATE       Date of Disbursement         Mailing Address 9227 E. LINCOLN AVE., #200-234       09         City       Colore         LONE TREE       Colore         Distribution of net JPC proceeds       Colore         Cardidate Name       008         CORY GARDNER       008         Correct Gardidate Name       008         CORY GARDNER       008         Correct Gardidate Name       008         Public Sought:       House         President       Disbursement For:         Office Sought:       President         Mailing Address 425 SECOND STREET NE       Color         Carrigoty       State         Office Sought:       House         Disbursement       Other (specify)         Vision of net JPC proceeds       Color         Carrididate Name       Color         Carrididate Name       Color         Carrididate Name       Other (specify)         Color       Carrididate Name         Carrididate Name       Carridid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u> </u>                                                    |                                                   |                                                             |    |
| Mailing Address 9227 E. LINCOLN AVE, #200-234 <sup>1</sup> 2014          City       State       CD       201 201          LONE TREE       CO       20124        Transaction ID: SB22.4398          Distribution of net JFC proceeds       Code       20124        Transaction ID: SB22.4398          Office Sought:       House       District:       008        Category/<br>Type       Transaction ID: SB22.4398          Mailing Address       425 SECOND STREET NE       Code       Code       Transaction ID: SB22.4398          Mailing Address       425 SECOND STREET NE       City       Transaction ID: SB22.4391          Mailing Address       425 SECOND STREET NE       Code       Code         City       State       Code       Code       Transaction ID: SB22.4391          Mailing Address       425 SECOND STREET NE       Code       Category/<br>Code       Transaction ID: SB22.4391          Office Sought:       House       Disbursement For:       Code       Code       Code         Purpose of Disbursement       Disbursement For:       Code       Code       Code         State:       Disbursement       Code       Code       Code       Code         Variance       Disbursement<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Full Name (Last, First, Middle Initial)                     |                                                   |                                                             |    |
| City       State       2ip       Code       2iii       2iii       2iii       2iii         LCONE TREE       CO       80124       Transaction ID: SB22.4398       Anount of Each Disbursement this Period         Control Content Control Control Control Control Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CORT GARDNER FOR SENATE                                     |                                                   | Date of Disbursement                                        |    |
| City       State       2ip       Code       2iii       2iii       2iii       2iii         LCONE TREE       CO       80124       Transaction ID: SB22.4398       Anount of Each Disbursement this Period         Control Content Control Control Control Control Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mailing Address 9227 E. LINCOLN AVE., #200-234              |                                                   |                                                             |    |
| LONE TREE       CO       80124       Transaction ID : SB22.4398         Purpose of Disbursement       Distribution of net JPC proceeds       008       Amount of Each Disbursement this Period         CORY GARDNER       Obsursement For:       President       008       President         State:       CO       District:       008       Category       Transaction ID : SB22.4398         Mailing Address 425 SECOND STREET NE       District:       008       Category       Transaction ID : SB22.4391         Mailing Address 425 SECOND STREET NE       District:       008       Category       Transaction ID : SB22.4391         Mailing Address 425 SECOND STREET NE       Disbursement       008       Category       Transaction ID : SB22.4391         Office Sought:       House       Disbursement For:       008       Category       Transaction ID : SB22.4391         Mailing Address 425 SECOND STREET NE       Disbursement For:       General       008       Category         Full Name (Last, First, Middle Initial)       Disbursement       For proceeds       Category       Transaction ID : SB22.4399         Full Name (Last, First, Middle Initial)       Ct       NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address 425 SECOND STREET NE       Disbursement       008       2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | City                                                        |                                                   |                                                             |    |
| Dustroution of net JFC proceeds       OCO         Candidate Name       Candidate Name         Candidate Name       Disbursement For:         Previous       Senate         District:       00         Previous       Other (specify)         Full Name (Last, First, Middle Initial)       B.         B.       NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address 425 SECOND STREET NE       City       State       Zip Code         Candidate Name       Oode       Code       Transaction ID : SB22.4391         Amount of Each Disbursement       Disbursement For:       City       31 / 2014         City       State       Zip Code       Transaction ID : SB22.4391         Purpose of Disbursement       Disbursement For:       City       6008         Candidate Name       Disbursement For:       City       60890.39         Full Name (Last, First, Middle Initial)       C       NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address 425 SECOND STREET NE       City       State       Zip Code       Transaction ID : SB22.4399         Mailing Address 425 SECOND STREET NE       City       State       Zip Code       Transaction ID : SB22.4399         Office Sought: <td>LONE TREE</td> <td></td> <td>Transaction ID · SB22 4398</td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LONE TREE                                                   |                                                   | Transaction ID · SB22 4398                                  |    |
| Candidate Name       Ode<br>Category/<br>Office Sought       Amount of Each Disbursement this Period         State:       Coll Strict:       Ober (specify)         Pull Name (Last, First, Middle Initial)       B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address       425 SECOND STREET NE       Ober (specify)       Transaction ID : SB22.4391         Mailing Address       425 SECOND STREET NE       Ober (specify)       Transaction ID : SB22.4391         Office Sought:       House       Disbursement For:       Oce         Disbursement       Disbursement For:       Category/<br>Type       Transaction ID : SB22.4391         Mailing Address       425 SECOND STREET NE       Oce       Category/<br>Type       Transaction ID : SB22.4391         Office Sought:       House       Disbursement For:       Category/<br>Type       Category/<br>Type       Transaction ID : SB22.4391         NationAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement       Date of Disbursement       Category/<br>Type       Category/<br>Category/       Transaction ID : SB22.4399         Mailing Address 425 SECOND STREET NE       Ober (specify)       Transaction ID : SB22.4399       Amount of Each Disbursement His Period         Office Sought:       House       Disbursement For:       Other (specify)       Amount of Each Disbursement His Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Purpose of Disbursement<br>Distribution of net JFC proceeds |                                                   |                                                             |    |
| Office Sought:       House       Disbursement For:       Type       10454,17         State:       Composition       Other (specify)       General       Other (specify)         Full Name (Last, First, Middle Initial)       B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address       425 SECOND STREET NE       Other (specify)       Date of Disbursement         City       WASHINGTON       DC       20002       Transaction ID : SB22,4391         Distribution of net JFC proceeds       Other (specify)       Amount of Each Disbursement this Period         Candidate Name       District:       Other (specify)       Amount of Each Disbursement         State:       District:       Mailing Address 425 SECOND STREET NE       Date of Disbursement         Office Sought:       House       District:       Genoral       Other (specify)         Office Sought:       Sonate       District:       Date of Disbursement         Full Name (Last, First, Middle Initial)       C.       NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address 425 SECOND STREET NE       Other (specify)       Transaction ID : SB22,4399       Amount of Each Disbursement         Office Sought:       Bate Zip Code       Category/       Trensaction ID : SB22,4399       Amount of Eac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |                                                   | 008 Amount of Each Disbursement this Period                 |    |
| Disburgement For:       Primary       General         State:       CO       District:       Other (specify)         Full Name (Last, First, Middle Initial)       Date of Disburgement       Date of Disburgement         Mailing Address       425 SECOND STREET NE       Date of Disburgement         City       State       Zip Code         Purpose of Disburgement       District:       Other (specify)         Office Sought:       House       Disburgement For:         State:       Disburgement       Category/         Office Sought:       House       Disburgement For:         State:       Disburgement       Category/         Full Name (Last, First, Middle Initial)       Concernation (Disburgement For:       General         President       Disburgement For:       Date of Disburgement         State:       District:       State       Zip Code         Mailing Address 425 SECOND STREET NE       Date of Disburgement       District:         City       WASHINGTON       State       Zip Code       Category/         WASHINGTON       State       Zip Code       Category/       Transaction (D : SB22.4399         Amount of Each Disburgement       Distribution of net JFC proceeds       Category/       Zother (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             | C                                                 |                                                             | ק  |
| State:       C0       Conter (specify) √         Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       425 SECOND STREET NE       City         City       State       Zip Code         Purpose of Disbursement       DC       20002         Purpose of Disbursement       Disbursement       Category/         Office Sought:       House       Disbursement For:       Category/         State:       Disbursement       Disbursement       Category/         Full Name (Last, First, Middle Initial)       C       Code       Category/         City       Senate       President       Other (specify) √         State:       Disbursement For:       Senate       City         President       Disbursement For:       City √       State       Zip Code         City       WASHINGTON       Dc       20002       Tensaction ID : SB22.4399         Mailing Address 425 SECOND STREET NE       City √       City √       State       Zip Code         City       WASHINGTON       Dc       Zip Code       Category/       Tensaction ID : SB22.4399         Mailing Address 425 SECOND STREET NE       City √       City √       State       Zip Code       Category/       Tens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             | int For:                                          |                                                             | Ţ  |
| State:       CO       District:       00         Full Name (Last, First, Middle Initial)       B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address       425 SECOND STREET NE       City       Transaction ID : SB22.4391         City       State       Zip Code       Transaction ID : SB22.4391         Purpose of Disbursement       Distribution of net JFC proceeds       008         Candidate Name       Disbursement For:       Sonate         President       Disbursement For:       Sonate         Purpose 425 SECOND STREET NE       Other (specify) ▼         Candidate Name       Disbursement For:       Sonate         President       Disbursement For:       Sonate       008         State:       District:       Distreet NE       Distreet NE         City       State       Zip Code       Transaction ID : SB22.4399         Mailing Address 425 SECOND STREET NE       Distreet NE       Distreet NE         City       State       Zip Code       Transaction ID : SB22.4399         Mailing Address 425 SECOND STREET NE       Distreet NE       Distreet NE         City       State       Zip Code       Amount of Each Disbursement this Period         Office Sought:       House       Disbursemen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             | /                                                 |                                                             |    |
| B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address 426 SECOND STREET NE       Image: Compose of Disbursement       Image: Compose of Disbursement         Outpose of Disbursement       DC       20002       Transaction ID : SB22,4391         Distribution of net JFC proceeds       Image: Compose of Disbursement this Period       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       General         Office Sought:       House       Distribution of net JFC proceeds       Image: Compose of Disbursement         State:       Distribution of net JFC proceeds       Image: Compose of Disbursement       Image: Compose of Disbursement         State:       Distribution of net JFC proceeds       Image: Compose of Disbursement       Image: Compose of Disbursement         Mailing Address 425 SECOND STREET NE       Image: Compose of Disbursement       Image: Compose of Disbursement         Mailing Address 425 SECOND STREET NE       Image: Compose of Disbursement       Image: Compose of Disbursement         Office Sought:       House       Disbursement For:       Image: Compose of Disbursement         Disbursement       Disbursement For:       Senate       Image: Compose of Disbursement         Office Sought:       House       Disbursement For:       Senate       Image: Compose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State: CO District: 00                                      | uler (speciry) 🔻                                  |                                                             |    |
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| City       State       Zip Code       Transaction ID: SB22.4391         Purpose of Disbursement       Disbursement       Amount of Each Disbursement this Period         Candidate Name       O08       Category/<br>Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       General         President       Other (specify)       Each Disbursement         Full Name (Last, First, Middle Initial)       Conde       Date of Disbursement         City       State       Zip Code       Transaction ID: SB22.4399         Mailing Address 425 SECOND STREET NE       Disbursement       Disbursement         City       State       Zip Code       Transaction ID: SB22.4399         Pripose of Disbursement       Dc       20002       Transaction ID: SB22.4399         Office Sought:       House       Disbursement For:       Doe         Senate       Disbursement       Ooe       Category/         Office Sought:       House       Disbursement For:       Boe of Disbursement this Period         Category/       Type       Washing Ton       Disbursement For:       Boiling General         Office Sought:       House       Disbursement For:       Senate       Ooe         State:       Distrid: </td <td>5: NATIONAL REPUBLICAN SENATO</td> <td>RIAL COMMITTEE</td> <td>Date of Disbursement</td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5: NATIONAL REPUBLICAN SENATO                               | RIAL COMMITTEE                                    | Date of Disbursement                                        |    |
| City       State       Zip Code         WASHINGTON       DC       20002       Transaction ID: SB22.4391         Purpose of Disbursement       Disbursement       008       Amount of Each Disbursement this Period         Candidate Name       008       Category/<br>Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       General         President       Other (specify)       Category/       Disbursement         Full Name (Last, First, Middle Initia)       Other (specify)       Date of Disbursement         City       State       Disbursement       Dis         Mailing Address 425 SECOND STREET NE       City       City       City         WASHINGTON       DC       20002       Transaction ID : SB22.4399         Purpose of Disbursement       Disbursement For:       City       City         WASHINGTON       DC       20002       Transaction ID : SB22.4399         Purpose of Disbursement       Disbursement For:       City       Category/<br>Type       Transaction ID : SB22.4399         Office Sought:       House       Disbursement For:       Other (specify)       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       City       Ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mailing Address 425 SECOND STREET NE                        |                                                   |                                                             |    |
| WASHINGTON     State     Zip Code       Purpose of Disbursement     DC     20002       Furpose of Disbursement     008       Candidate Name     008       Candidate Name     008       Candidate Name     008       Candidate Name     008       Office Sought:     House       President     Other (specify)       State     009       Category/<br>Type     Category/<br>Type       President     Other (specify)       Full Name (Last, First, Middle Initial)       C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Mailing Address 425 SECOND STREET NE       City       WASHINGTON       DC       20002       Primary       Office Sought:       Senate       Proceeds       Category/       WASHINGTON       DC       20002       Primary       Office Sought:       Senate       President       Office Sought:       President       Office Sought:       President       Office Sought:       President       Office Sought:       President       Other (specify)       State:       District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City                                                        |                                                   |                                                             |    |
| Distribution of net JFC proceeds       008       Amount of Each Disbursement this Period         Candidate Name       008       Category/<br>Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:<br>Breadent       General         District:       District:       Other (specify) ▼       Date of Disbursement         Full Name (Last, First, Middle Initial)       C       NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address 425 SECOND STREET NE       008       Category/<br>2002       Transaction ID : SB22.4399         WASHINGTON       State       Disbursement       008         Distribution of net JFC proceeds       008       Category/<br>Type       Transaction ID : SB22.4399         Office Sought:       House       Disbursement For:<br>President       Other (specify) ▼       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:<br>President       General       008         State:       Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | WASHINGTON                                                  |                                                   | Transaction ID · SR22 4394                                  |    |
| Candidate Name       008<br>Category/<br>Type       Amount of Each Disbursement this Period         Office Sought:       House<br>President       Disbursement For:<br>Primary       General<br>Other (specify)       Amount of Each Disbursement this Period         State:       District:       Other (specify)       Eate of Disbursement         Full Name (Last, First, Middle Initial)       C.       NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address 425 SECOND STREET NE       Distribution of net JFC proceeds       Dot       20002       Transaction ID : SB22.4399         City       State       Disbursement       Disbursement For:<br>Senate       Other (specify)       Transaction ID : SB22.4399         Office Sought:       House       Disbursement For:<br>Senate       Other (specify)       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:<br>Senate       Other (specify)       Transaction ID : SB22.4399         State:       District:       Other (specify)       Category/<br>Type       Transaction ID : SB22.4399         Subtrotal of Disbursements This Page (optional)       Primary       General<br>Other (specify)       Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Purpose of Disbursement<br>Distribution of net JFC proceeds | 20002                                             |                                                             |    |
| Office Sought:       House       Disbursement For:       Senate       Primary       General         State:       District:       Other (specify)       Image: Control of the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             |                                                   | 008 Amount of Each Disbursement this Period                 |    |
| Sinis ordgin:       Pridusy       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       C.         C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address 425 SECOND STREET NE       09 / 20 / 2014         City       State       Zip Code         WASHINGTON       DC 20002       Transaction ID : SB22.4399         Purpose of Disbursement       008         Distribution of net JFC proceeds       008         Candidate Name       008         Office Sought:       House         President       Disbursement For:         State:       District:         Subtrotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             | Cat                                               | Tuna 62900.20                                               | l  |
| Bresident       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address 425 SECOND STREET NE       09         City       State       Zip Code         WASHINGTON       DC       20002         Purpose of Disbursement       DC       20002         Distribution of net JFC proceeds       008         Candidate Name       008         Office Sought:       House         President       Disbursement For:         Senate       Primary         President       Other (specify)         State:       Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Disbdisemen                                                 | t For:                                            |                                                             | ĺ  |
| State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address 425 SECOND STREET NE       09 / 20 / 2014         City       State       Zip Code         WASHINGTON       DC       20002         Purpose of Disbursement       DC       20002         Distribution of net JFC proceeds       008       Category/<br>Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       801.96         State:       Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                   |                                                             |    |
| C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE       Date of Disbursement         Mailing Address 425 SECOND STREET NE       09 20 2014         City       State       Zip Code         WASHINGTON       DC       20002         Purpose of Disbursement       Dc       20002         Distribution of net JFC proceeds       008       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       801.96         State:       District:       Other (specify)       75155.52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State: District:                                            | er (specity)                                      |                                                             |    |
| Mailing Address 425 SECOND STREET NE       Image: City of the state o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Full Name (Last, First, Middle Initial)                     |                                                   |                                                             | _  |
| City       State       Zip Code         WASHINGTON       DC       20002       Transaction ID : SB22.4399         Purpose of Disbursement       Distribution of net JFC proceeds       O08       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:       O08       Category/<br>Type       Number of Each Disbursement this Period         Office Sought:       House       Disbursement For:       General       Other (specify)       Transaction ID : SB22.4399         State:       Disbursement For:       Other (specify)       General       Other (specify)       Transaction ID : SB22.4399         Subtrottal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             | NAL COMMITTEE                                     | Date of Disbursement                                        |    |
| City       State       Zip Code         WASHINGTON       DC       20002       Transaction ID : SB22.4399         Purpose of Disbursement       Distribution of net JFC proceeds       008       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:       801.96         Office Sought:       House       Disbursement For:       801.96         President       Other (specify)       General       Other (specify)       75155.52         SUBTOTAL of Disbursements This Page (optional)       75155.52       75155.52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mailing Address 425 SECOND STREET NE                        |                                                   |                                                             |    |
| WASHINGTON       DC       20002       Transaction ID : SB22.4399         Purpose of Disbursement       Distribution of net JFC proceeds       008       Amount of Each Disbursement this Period         Candidate Name       Category/       Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       801.96         President       Other (specify)       State:       District:         SUBTOTAL of Disbursements This Page (optional)       75155.52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City                                                        |                                                   |                                                             |    |
| Distribution of net JFC proceeds       008       Amount of Each Disbursement this Period         Candidate Name       008       Category/<br>Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       801.96         Senate       Primary       General       0ther (specify)         State:       Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WASHINGTON                                                  |                                                   | Transaction ID : SB22.4399                                  | -  |
| Candidate Name       008       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       801.96         Senate       Primary       General       0ther (specify)         State:       District:       Other (specify)       75155.52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Purpose of Disbursement<br>Distribution of net JFC proceeds |                                                   |                                                             |    |
| Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       Image: Category/Type         State:       Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             |                                                   | Amount of Each Disbursement this Period                     |    |
| State:       Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Office Service                                              |                                                   | egory/                                                      |    |
| State:     District:       SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sanata                                                      | For:                                              | her har har har har                                         |    |
| SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | President                                                   |                                                   |                                                             |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State: District:                                            | (-e-son)) <b>v</b>                                |                                                             |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SUBTOTAL of Disbursements This Base (and in                 |                                                   |                                                             | ŀ  |
| TOTAL This Period (last page this line number only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                   | 75155.52                                                    |    |
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| CONCLUCE B (FEC Form 3X)                                    |                                      |                                                                                                                   |
|-------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| ITEMIZED DISBURSEMENTS                                      | Use separate schedule(s)             | FOR LINE NUMBER: PAGE 31 OF 33                                                                                    |
| BIODONSEMENTS                                               | for each category of the             | (check only one)                                                                                                  |
|                                                             | Detailed Summary Page                | 21b X 22 23 24 25 26                                                                                              |
| Any information popied (see )                               |                                      |                                                                                                                   |
| or for commercial purposes, other then using the            | ments may not be sold or used        | by any person for the purpose of soliciting contributions                                                         |
| NAME OF COMMITTEE (In Full)                                 | ne and address of any political      | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. |
|                                                             |                                      |                                                                                                                   |
| GOP VICTORY FUND 2014                                       |                                      |                                                                                                                   |
| Full Name (Last Et al. 1997)                                |                                      |                                                                                                                   |
| Full Name (Last, First, Middle Initial)                     |                                      |                                                                                                                   |
| A. NEW HAMPSHIRE FOR SCOTT E                                | ROWN                                 | Date of Disbursement                                                                                              |
|                                                             |                                      |                                                                                                                   |
| Mailing Address PO BOX 600                                  |                                      | LARANAN LORD / LARAN                                                                                              |
| City                                                        |                                      | 07 31 2014                                                                                                        |
| City S                                                      | tate Zip Code                        |                                                                                                                   |
| RYE                                                         | NH 03870                             | Transaction ID : SB22,4392                                                                                        |
| Purpose of Disbursement<br>Distribution of net JFC proceeds |                                      |                                                                                                                   |
|                                                             |                                      | 008 Amount of Each Disburgement by                                                                                |
| Candidate Name                                              |                                      | And the Laci Disbursement this Period                                                                             |
| SCOTT BROWN                                                 |                                      | ategory/                                                                                                          |
| Office Sought: House Disbursem                              | ent For                              | Туре 71072.84                                                                                                     |
| N Sepata                                                    |                                      |                                                                                                                   |
|                                                             | , and the state                      |                                                                                                                   |
| State: NH District: 00                                      | Other (specify)                      |                                                                                                                   |
| Full Name (Last, First, Middle Initial)                     |                                      |                                                                                                                   |
|                                                             |                                      |                                                                                                                   |
| NEW HAMPSHIRE FOR SCOTT BI                                  | ROWN                                 | Date of Disbursement                                                                                              |
| Mailing Address -                                           |                                      |                                                                                                                   |
| Mailing Address PO BOX 600                                  |                                      |                                                                                                                   |
| City                                                        |                                      |                                                                                                                   |
| BYE St                                                      | ate Zip Code                         |                                                                                                                   |
| Purpose of Disbursement                                     | H03870                               | Transaction ID : SB22.4395                                                                                        |
| Distribution of net JFC proceeds                            |                                      |                                                                                                                   |
| Candidate Name                                              |                                      | 008 Amount of Each Disbursement this Period                                                                       |
| SCOTT BROWN                                                 |                                      |                                                                                                                   |
| Office Several                                              | / 1                                  | egory/<br>ype 9908.10                                                                                             |
| Dispuiseme                                                  | nt For:                              |                                                                                                                   |
| Senate Pr                                                   | imary General                        |                                                                                                                   |
| President Ot                                                | her (specify)                        |                                                                                                                   |
| Ctate: NH District: 00                                      | <del>-</del>                         |                                                                                                                   |
| Full Name (Last, First, Middle Initial)                     |                                      |                                                                                                                   |
| STEVE DAINES FOR MONTANA                                    |                                      |                                                                                                                   |
|                                                             |                                      | Date of Disbursement                                                                                              |
| Mailing Address PO BOX 1598                                 |                                      |                                                                                                                   |
|                                                             |                                      | 07 31 2014                                                                                                        |
| City                                                        |                                      |                                                                                                                   |
| HELENA MT                                                   | 2.p 0000                             | Transaction in another                                                                                            |
| Purpose of Disbursement                                     | 59624                                | Transaction ID : SB22.4389                                                                                        |
| Distribution of net JFC proceeds                            |                                      |                                                                                                                   |
| Candidate Name                                              | 00                                   | Amount of Each Disbursement this Period                                                                           |
| STEVEN DAINES                                               | Cate                                 | gory/                                                                                                             |
| Office Sought I I I I                                       | Tvi                                  |                                                                                                                   |
| Disbursement                                                |                                      |                                                                                                                   |
|                                                             | nary 🔄 General                       |                                                                                                                   |
|                                                             | er (specify) 🔻                       |                                                                                                                   |
| Mate: MT District: 00                                       |                                      |                                                                                                                   |
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| BTOTAL of Disbursements This Page (optional)                |                                      |                                                                                                                   |
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| TAL This Period (last page this line number only)           |                                      |                                                                                                                   |
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### SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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| ITEMIZED DISBURSEMENTS                                                                                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check on                                     | X 22 23 24 25 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any information copied from such Reports and Stat<br>or for commercial purposes, other than using the n    | tements may not be sold or used                                               | by any pers                                   | 28a 28b 28c 29 30b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| or for commercial purposes, other than using the n<br>NAME OF COMMITTEE (In Full)<br>GOP VICTORY FUND 2014 | ame and address of any politica                                               | l committee t                                 | o solicit contributions from such committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Full Name (Last, First, Middle Initial)                                                                    |                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A. STEVE DAINES FOR MONTANA                                                                                | N                                                                             |                                               | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Mailing Address PO BOX 1598                                                                                |                                                                               |                                               | 09 / 20 / 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| City<br>HELENA                                                                                             | State Zip Code                                                                |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Purpose of Disbursement                                                                                    | MT 59624                                                                      |                                               | Transaction ID : SB22.4397                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Distribution of net JFC proceeds                                                                           | ۲<br>۲                                                                        |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                            |                                                                               |                                               | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| STEVEN DAINES<br>Office Sought: House Disturce                                                             |                                                                               | Category/<br>Type                             | 2873.70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Senate Disburse                                                                                            | ement For:<br>Primary General                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| President                                                                                                  | Other (specify)                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| State: MT District: 00                                                                                     | ······                                                                        |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Full Name (Last, First, Middle Initial)<br>B.                                                              |                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                            |                                                                               |                                               | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Mailing Address                                                                                            |                                                                               |                                               | ليميمهم الميميم السيريس                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| City                                                                                                       |                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                            | State Zip Code                                                                |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Purpose of Disbursement                                                                                    |                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Candidate Name                                                                                             |                                                                               |                                               | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                            |                                                                               | ategory/                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Office Sought: House Disbursen                                                                             | nent For:                                                                     | Туре                                          | Lange and the second of the second se |
| Senate                                                                                                     | Primary General                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| State: District:                                                                                           | Other (specify)                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Full Name (Last, First, Middle Initial)                                                                    |                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| · · · · · · · · · · · · · · · · · · ·                                                                      |                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                            |                                                                               |                                               | Date of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Mailing Address                                                                                            |                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| City Si                                                                                                    | tate Zip Code                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Purpose of Disbursement                                                                                    | ZIP CODE                                                                      |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                            |                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Candidate Name                                                                                             |                                                                               |                                               | Amount of Each Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                            |                                                                               | egory/<br>ype                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Office Sought: House Disburseme                                                                            | ent For:                                                                      | <u>, , , , , , , , , , , , , , , , , , , </u> | L_t_t_gt_gt_g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                            | rimary General                                                                |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| State: District:                                                                                           | ather (specify)                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SUBTOTAL of Disbursements This Page (optional)                                                             |                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                            |                                                                               | ····· <b>&gt;</b>                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TOTAL This Period (last page this line number only)                                                        | · ···· ···· ··· ··· ···· ···· ···· ···· ····                                  |                                               | 378216.80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                            |                                                                               | ß                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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### SCHEDULE B (FEC Form 3X) TEMIZED DIO

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| ITEMIZED DISBURSEMENTS                               | for each category of the               | FOR LINE NUMBER: PAGE 33 OF (<br>(check only one)                                                                                     |
|------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Any information conied to                            | Detailed Summary Page                  | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$                                                                                 |
| or for commercial purposes, other than using the nar | nents may not be sold or used b        | 27 28a 28b 28c 29<br>any person for the purpose of soliciting contributions<br>ommittee to solicit contributions from such committee. |
| GOP VICTORY FUND 2014                                | the of only pointear to                | orimittee to solicit contributions from such committee.                                                                               |
| Full Name (Last, First, Middle Initial)              |                                        |                                                                                                                                       |
| A. Paul Leach                                        |                                        | Date of Disbursement                                                                                                                  |
| Mailing Address 67 Adams Rd.                         |                                        | 09 / 20 / 2014                                                                                                                        |
| City Star City                                       | tate Zip Code                          |                                                                                                                                       |
| Sun River<br>Purpose of Disbursement                 | MT 59483                               | Transaction ID : SB28A.4394                                                                                                           |
| Refund                                               |                                        |                                                                                                                                       |
| Candidate Name                                       |                                        | Amount of Each Disbursement this Period                                                                                               |
| 0                                                    |                                        | egory/                                                                                                                                |
| Office Sought: House Disbursem                       | ent For:                               | ype                                                                                                                                   |
|                                                      | Primary General<br>Other (specify) ▼   |                                                                                                                                       |
| Full Name (Last, First, Middle Initial)              |                                        |                                                                                                                                       |
| B,                                                   |                                        |                                                                                                                                       |
|                                                      |                                        | Date of Disbursement                                                                                                                  |
| Mailing Address                                      |                                        | [wow] · [gog] · [wow]                                                                                                                 |
| City Sta                                             | te Zip Code                            |                                                                                                                                       |
| Purpose of Disbursement                              |                                        |                                                                                                                                       |
|                                                      |                                        |                                                                                                                                       |
| Candidate Name                                       |                                        | Amount of Each Disbursement this Period                                                                                               |
| Office Sought: House                                 | Categ                                  |                                                                                                                                       |
| Construction Disoursemen                             | t For:                                 | e <u>harron normanan</u>                                                                                                              |
|                                                      | mary 🔲 General                         |                                                                                                                                       |
| State: District:                                     | ier (specify)                          |                                                                                                                                       |
| Full Name (Last, First, Middle Initial)              |                                        |                                                                                                                                       |
|                                                      |                                        | Date of Disbursement                                                                                                                  |
| Mailing Address                                      |                                        |                                                                                                                                       |
|                                                      |                                        |                                                                                                                                       |
| City State                                           | Zip Code                               |                                                                                                                                       |
| Purpose of Disbursement                              |                                        |                                                                                                                                       |
|                                                      |                                        |                                                                                                                                       |
| Candidate Name                                       |                                        | Amount of Each Disbursement this Period                                                                                               |
| Office Sought: House Dist                            | Categor                                | ry/ / / ································                                                                                              |
| Usoursement                                          | For: Type                              |                                                                                                                                       |
| President Prim                                       |                                        |                                                                                                                                       |
| State: District: Othe                                | r (specify) ▼                          |                                                                                                                                       |
|                                                      |                                        |                                                                                                                                       |
| UBTOTAL of Disbursements This Page (optional)        |                                        |                                                                                                                                       |
| TAL This Period (last page this line number only)    |                                        |                                                                                                                                       |
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DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

### United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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