

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

TARGETED STATE VICTORY

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)  VA

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00566513

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Keith A. Davis

Signature of Treasurer Keith A. Davis [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**TARGETED STATE VICTORY**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="207020.76"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="4547350.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="207020.76"/>	<input type="text" value="4547350.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="184610.25"/>	<input type="text" value="4524939.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22410.51"/>	<input type="text" value="22410.51"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**TARGETED STATE VICTORY**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	3024800.00
(ii) Unitemized .....	0.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	3024850.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1522500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	4547350.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0.00	4547350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	4547350.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2062.00	83016.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2062.00	83016.46
22. Transfers to Affiliated/Other Party Committees.....	175148.25	4434523.03
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	7400.00	7400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	7400.00	7400.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	184610.25	4524939.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	184610.25	4524939.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	4547350.00
34. Total Contribution Refunds (from Line 28(d)) .....	7400.00	7400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	-7400.00	4539950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2062.00	83016.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2062.00	83016.46

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**TARGETED STATE VICTORY**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Mailing Address 1909 K Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
credit card processing fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : SB21B.4567**

Amount of Each Disbursement this Period

562.00

Full Name (Last, First, Middle Initial)

**B. Pluvious Group**

Mailing Address 515 S. Figueroa Street  
16th Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
jfc fundraising consulting fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : SB21B.4566**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2062.00

2062.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TARGETED STATE VICTORY**

Full Name (Last, First, Middle Initial)

**A. COLORADO REPUBLICAN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Mailing Address 5950 S. WILLOW DRIVE  
SUITE 302

**Transaction ID : SB22.4552**

City Greenwood Village State CO Zip Code 80111

Amount of Each Disbursement this Period

50896.15
----------

Purpose of Disbursement  
transfer of net proceeds

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. GEORGIA REPUBLICAN PARTY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		10		2014

Mailing Address P. O. BOX 550008

**Transaction ID : SB22.4553**

City ATLANTA State GA Zip Code 30355

Amount of Each Disbursement this Period

3910.24
---------

Purpose of Disbursement  
transfer of net proceeds

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. MICHIGAN REPUBLICAN PARTY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2014

Mailing Address 520 SEYMOUR AVENUE

**Transaction ID : SB22.4556**

City LANSING State MI Zip Code 48933

Amount of Each Disbursement this Period

3072.53
---------

Purpose of Disbursement  
transfer of net proceeds

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

57878.92
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TARGETED STATE VICTORY**

Full Name (Last, First, Middle Initial)

**A. MONTANA REPUBLICAN STATE CENTRAL COMMITTEE**

Mailing Address PO BOX 935

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
void-duplicate check-orig. check date 10/29/14

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2014

Transaction ID : SB22.4558

Amount of Each Disbursement this Period

-2307.69

**B. MONTANA REPUBLICAN STATE CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 935

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
transfer of net proceeds

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2014

Transaction ID : SB22.4559

Amount of Each Disbursement this Period

2637.34

**C. NEW HAMPSHIRE REPUBLICAN STATE COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 10 WATER STREET

City CONCORD State NH Zip Code 03301

Purpose of Disbursement  
transfer of net proceeds

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2014

Transaction ID : SB22.4560

Amount of Each Disbursement this Period

3076.93

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

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

3406.58



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TARGETED STATE VICTORY**

Full Name (Last, First, Middle Initial)

**A. NORTH CAROLINA REPUBLICAN PARTY**

Mailing Address 1506 HILLSBOROUGH STREET

City RALEIGH State NC Zip Code 27605

Purpose of Disbursement  
transfer of net proceeds

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB22.4561**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN PARTY OF ARKANSAS**

Mailing Address 1201 W. 6TH STREET

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement  
transfer of net proceeds

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB22.4550**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN PARTY OF IOWA**

Mailing Address 621 E. NINTH STREET

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement  
transfer of net proceeds

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB22.4554**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TARGETED STATE VICTORY**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN PARTY OF LOUISIANA**

Mailing Address C/O RED CURVE SOLUTIONS  
500 CUMMINGS CENTER, SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
transfer of net proceeds

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2014

Transaction ID : SB22.4555

Amount of Each Disbursement this Period

3065.53

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN PARTY OF MINNESOTA - FEDERAL**

Mailing Address 2200 E FRANKLIN AVENUE  
SUITE 201

City MINNEAPOLIS State MN Zip Code 55404

Purpose of Disbursement  
transfer of net proceeds

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2014

Transaction ID : SB22.4557

Amount of Each Disbursement this Period

2941.74

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. SOUTH DAKOTA REPUBLICAN PARTY**

Mailing Address 105 S. PIERRE STREET

City PIERRE State SD Zip Code 57501

Purpose of Disbursement  
transfer of net proceeds

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2014

Transaction ID : SB22.4562

Amount of Each Disbursement this Period

3475.21

Category/  
Type

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

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

9482.48

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TARGETED STATE VICTORY**

Full Name (Last, First, Middle Initial)

### A. TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNT

Date of Disbursement

Mailing Address 2424 21ST AVENUE  
SUITE 200

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2014

City NASHVILLE State TN Zip Code 37212

Transaction ID : SB22.4563

Purpose of Disbursement  
transfer of net proceeds

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2958.76
---------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B. WEST VIRGINIA REPUBLICAN PARTY, INC.

Date of Disbursement

Mailing Address 700 WASHINGTON STREET, EAST  
SUITE 201

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2014

City CHARLESTON State WV Zip Code 25301

Transaction ID : SB22.4564

Purpose of Disbursement  
transfer of net proceeds

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2941.76
---------

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

--

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

5900.52
---------

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

175148.25
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TARGETED STATE VICTORY**

Full Name (Last, First, Middle Initial)

**A. Thomas Investment Partners**

Mailing Address 515 S. Flower Street  
Floor 6

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2014

**Transaction ID : SB28A.4548**

Amount of Each Disbursement this Period

7400.00

Full Name (Last, First, Middle Initial)

**B. James A. Thomas**

Mailing Address 445 S. Figueroa Street

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
contribution refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2014

**Transaction ID : SB28A.4548.0**

Amount of Each Disbursement this Period

7400.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

7400.00

7400.00