

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

MCGUIRE VICTORY FUND

ADDRESS (number and street)

PO BOX 242



Check if different than previously reported. (ACC)

MANAKIN SABOT

VA

23103

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00856856

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:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

BOLES, JASON, D, ,

Signature of Treasurer

BOLES, JASON, D, ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**MCGUIRE VICTORY FUND**

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	24749.99	
(c) Total Receipts (from Line 19) .....	112827.38	245669.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	137577.37	245669.36
7. Total Disbursements (from Line 31) .....	105281.54	213373.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	32295.83	32295.83
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**MCGUIRE VICTORY FUND**

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

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).....	81753.77	203595.75
(ii) Unitemized .....	1208.96	1208.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	82962.73	204804.71
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	12000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	83962.73	216804.71
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).....	28864.65	28864.65
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)) .....	112827.38	245669.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	112827.38	245669.36

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	27745.40	28839.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	27745.40	28839.33
22. Transfers to Affiliated/Other Party Committees.....	76536.14	183534.20
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	1000.00
(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)).....	1000.00	1000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	105281.54	213373.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105281.54	213373.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	83962.73	216804.71
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	82962.73	215804.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	27745.40	28839.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	28864.65	28864.65
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	- 1119.25	- 25.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 28

(check only one)

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

**MCGUIRE VICTORY FUND**

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

**A. ARNOLD, DEBRA, , ,**

Mailing Address 819 DOVER BLUFF PL

City  
MANAKINSABOTState  
VAZip Code  
23103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : A-114

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

**B. BRADLEY, JACQUELINE, , ,**

Mailing Address PO BOX 214

City  
KESWICKState  
VAZip Code  
22947FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2025

Transaction ID : A-118

Amount of Each Receipt this Period

7000.00

☐ Memo Item

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

**C. BURBANK, SHEILA, , ,**

Mailing Address 47 FARRWOOD DR

City  
ANDOVERState  
MAZip Code  
01810FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2025

Transaction ID : A-80

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8260.73

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. BUSH, MARVIN, P, ,**Mailing Address 625 WORTHINGTON DR  
#201City  
CHARLOTTESVILLEState  
VAZip Code  
22903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WINSTON PARTNERSOccupation (for Individual)  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2025

Transaction ID : A-126

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. CARY, ROBERT, M, ,**

Mailing Address 901 TILMAN ROAD

City  
CHARLOTTESVILLEState  
VAZip Code  
22901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WILLIAMS & CONNOLLYOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2025

Transaction ID : A-132

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. CHRISTIAN, CHARLES, , ,**

Mailing Address 2019 ROYAL OAK DRIVE

City  
LYNCHBURGState  
VAZip Code  
24503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IMPERIAL COLLIERY COOccupation (for Individual)  
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : A-90

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

4000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. COLE, JON, C, ,**

Mailing Address 285 FARMINGTON DR

City  
CHARLOTTESVILLEState  
VAZip Code  
22901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2025

Transaction ID : A-134

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. DENHAM, PAUL, , ,**

Mailing Address 1461 CEDAR RIDGE DRIVE

City  
LYNCHBURGState  
VAZip Code  
24503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHERN AIROccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2604.48

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2025

Transaction ID : A-115

Amount of Each Receipt this Period

2604.48

☐ Memo Item

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

**C. DERREBERRY, MARGIE, , ,**

Mailing Address 1214 COPPERSTONE CT

City  
MAIDENSState  
VAZip Code  
23102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : A-86

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4104.48



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. DUDINSKY, JOHN, , ,**

Mailing Address 3878 BLUFTON MILL RD

City  
FREE UNIONState  
VAZip Code  
22940FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : A-111

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. FLORY, DAVE, , ,**Mailing Address 50 SOUTH POINTE DRIVE  
UNIT 2008City  
MIAMI BEACHState  
FLZip Code  
33139FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2025

Transaction ID : A-131

Amount of Each Receipt this Period

15500.00

☐ Memo Item

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

**C. FLORY, DAVE, , ,**Mailing Address 50 SOUTH POINTE DRIVE  
UNIT 2008City  
MIAMI BEACHState  
FLZip Code  
33139FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2025

Transaction ID : A-150

Amount of Each Receipt this Period

- 7750.00

☒ Memo Item

REATTRIBUTION FROM

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

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

16500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. FLORY, JULIET, , ,**Mailing Address 50 SOUTH POINTE DRIVE  
UNIT 2008City  
MIAMI BEACHState  
FLZip Code  
33139FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2025**Transaction ID : A-149**

Amount of Each Receipt this Period

7750.00

☒ Memo Item

REATTRIBUTE FROM SPOUSE DAVE FLORY

REATTRIBUTION TO

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

**B. FLOYD, CHARLES, , ,**

Mailing Address 10930 LANSLOWNE CT

City  
MIDLOTHIANState  
VAZip Code  
23113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STONEHAVEN GROUP, INC.Occupation (for Individual)  
TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2025**Transaction ID : A-8**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. FOSTER, WATT, , , JR.**

Mailing Address 16720 BROOKNEAL HIGHWAY

City  
BROOKNEALState  
VAZip Code  
24528FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FOSTER FUELSOccupation (for Individual)  
FUEL DISTRIBUTOR/HOME HEATING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2025**Transaction ID : A-93**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. GILLIAM, RICHARD, , ,**Mailing Address 650 PETER JEFFERSON PARKWAY  
SUITE 230City  
CHARLOTTESVILLEState  
VAZip Code  
22911FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CUMBERLAND DEVELOPMENTOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 20 / 2025

Transaction ID : A-113

Amount of Each Receipt this Period

7000.00

☐ Memo Item

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

**B. GRANT, PETER, M, , II**

Mailing Address 2548 GARTH ROAD

City  
CHARLOTTESVILLEState  
VAZip Code  
22901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2025

Transaction ID : A-135

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**C. HARDING, ELLIOTT, , ,**

Mailing Address 2805 MEADOW VISTA DR

City  
CHARLOTTESVILLEState  
VAZip Code  
22901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HARDING COUNSEL PLLCOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 01 / 2025

Transaction ID : A-139

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

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

13041.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. HAYDEN, DOUG, , ,**

Mailing Address 17580 DOGWOOD TRAIL RD

City  
ROCKVILLEState  
VAZip Code  
23146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : A-103

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

**B. HAYDEN, DOUG, , ,**

Mailing Address 17580 DOGWOOD TRAIL RD

City  
ROCKVILLEState  
VAZip Code  
23146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.96

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2025

Transaction ID : A-106

Amount of Each Receipt this Period

104.48

☐ Memo Item

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

**C. HILLIARD, DAVID, , ,**

Mailing Address 6682 FREE UNION RD

City  
FREE UNIONState  
VAZip Code  
22940FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LODGE AT OLD TRAILOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : A-116

Amount of Each Receipt this Period

1041.98

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.94

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. HUPP, STEPHEN, , ,**

Mailing Address 3901 W BROAD ST

City  
RICHMONDState  
VAZip Code  
23230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ESTES EXPRESS LINESOccupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2025

Transaction ID : A-57

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. JOHNSON, RUSSELL, , , III**

Mailing Address 2258 WHEATLANDS DR

City  
MANAKIN SABOTState  
VAZip Code  
23103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LAW FIRM OF RUSSELL R JOHNSON III, PLCOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2025

Transaction ID : A-6

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. KANNAPELL, RAYMOND, , ,**

Mailing Address 141 BEAR RUN

City  
CHARLOTTESVILLEState  
VAZip Code  
22901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2025

Transaction ID : A-140

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. LOCHER, JOHN, , ,**

Mailing Address JOHN@TAYLOR-PARRISH.COM

City  
MANAKIN SABOTState  
VAZip Code  
23103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TAYLOR & PARRISH, INC.Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 05 / 2025**Transaction ID : A-60**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. MCDONNELL, CAROLYN, , ,**

Mailing Address 1193 STARR WAY

City  
VIRGINIA BEACHState  
VAZip Code  
23454FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MILITARY PRODUCE GROUPOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 23 / 2025**Transaction ID : A-5**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. MOORE, JAY, P, ,**

Mailing Address PO BOX 29827

City  
HENRICOState  
VAZip Code  
23242FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BANK OF AMERICAOccupation (for Individual)  
SR. FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1041.98

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 08 / 2025**Transaction ID : A-117**

Amount of Each Receipt this Period

1041.98

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2541.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. MORROW, PRINCE, , ,**

Mailing Address 1220 INGLEGRESS DR

City  
CHARLOTTESVILLEState  
VAZip Code  
22901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2025**Transaction ID : A-109**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. ORTUNO, ELIZABETH, , ,**

Mailing Address 2371 RIVER RD W

City  
MAIDENSState  
VAZip Code  
23102FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MOUNT BERNARD FARMOccupation (for Individual)  
FARM AND PROPERTY MANAGEME

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2025**Transaction ID : A-101**

Amount of Each Receipt this Period

521.15

☐ Memo Item

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

**C. PERROW, TURNER, , ,**

Mailing Address 1133 GALTS MILL RD

City  
MADISON HEIGHTSState  
VAZip Code  
24572FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SEH, INC.Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2025**Transaction ID : A-52**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2521.15

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. PREMIER PROPERTIES REALTY LLC**

Mailing Address 167 GAINES THRIFTY LANE

City  
MANAKIN-SABOTState  
VAZip Code  
23103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2025**Transaction ID : A-128**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

DEPOSITED IN ERROR

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

**B. ROBINSON, DAVID, S, , JR.**

Mailing Address 1377 ACQUINTON CHURCH RD

City  
KING WILLIAMState  
VAZip Code  
23086FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
INDUSTRIAL DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2025**Transaction ID : A-63**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. SISK, JANE, , ,**

Mailing Address 216 RANDOLPH SQUARE LANE

City  
RICHMONDState  
VAZip Code  
23238FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2025**Transaction ID : A-92**

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. STEVENS, CRAIG, , ,**

Mailing Address 171 N VIEW CIR

City  
WARRENTONState  
VAZip Code  
20186FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.15

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 28 / 2025**Transaction ID : A-105**

Amount of Each Receipt this Period

521.15

☐ Memo Item

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

**B. STINSON, BEVERLEY, , ,**

Mailing Address 75 FARMINGTON DR

City  
CHARLOTTESVILLEState  
VAZip Code  
22901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
INTERIOR DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2025**Transaction ID : A-136**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. STOUTD, PETER, A, ,**

Mailing Address 2278 CHAPEL SPRING ROAD

City  
FREE UNIONState  
VAZip Code  
22940FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2025**Transaction ID : A-133**

Amount of Each Receipt this Period

2000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3521.15

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. TOWNSEND, MARK, , ,**

Mailing Address PO BOX 7

City  
CROZIERState  
VAZip Code  
23039FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BSMHOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1146.15

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2025**Transaction ID : A-112**

Amount of Each Receipt this Period

1146.15

☐ Memo Item

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

**B. TUCKER, CLAUDIA, , ,**

Mailing Address 713 INDIAN CREEK RD

City  
AMHERSTState  
VAZip Code  
24521FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TELADOC HEALTHOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2025**Transaction ID : A-88**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. VADELLA, ANTHONY, , ,**

Mailing Address 555 HUGUENOT TRAIL

City  
MIDLOTHIANState  
VAZip Code  
23113FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VA SOUTH PSYCHIATRICOccupation (for Individual)  
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2025**Transaction ID : A-58**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3146.15

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. VALLAR, SCOTT, , ,**Mailing Address 1530 LONDON ROAD  
CHARLOTTESVILLE

City 1530 LONDON RD, CHARLOTTESVILL

State VA

Zip Code 22901-8880

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GUARD HILL ADVISORSOccupation (for Individual)  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2604.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2025**Transaction ID : A-102**

Amount of Each Receipt this Period

2604.48

☐ Memo Item

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

**B. VAN DYKE, JAMES (LUKE), , ,**

Mailing Address 205 OVERSTREET LANE

City LYNCHBURG

State VA

Zip Code 24503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CANDLEWAX SMOKELESS FUEL CO., INC.Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2025**Transaction ID : A-107**

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

**C. VAUGHAN, THOMAS, , ,**

Mailing Address 14891 LEESVILLE ROAD

City EVINGTON

State VA

Zip Code 24550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CENTRAL TECHNOLOGY SOLUTIONSOccupation (for Individual)  
CEO - IT COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2025**Transaction ID : A-50**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3865.21

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. W. EPPES, THOMAS, , , JR.**

Mailing Address 2056 FOX HILL RD

City  
LYNCHBURGState  
VAZip Code  
24503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2025**Transaction ID : A-110**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. WALK, KELLI, , ,**

Mailing Address 167 EAST OVERBROOK ROAD

City  
LYNCHBURGState  
VAZip Code  
24502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UBEROccupation (for Individual)  
DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2025**Transaction ID : A-53**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. WALKER, WENDELL, , ,**

Mailing Address PO BOX 3331

City  
LYNCHBURGState  
VAZip Code  
24503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VIRGINIA HOUSE OF DELEGATESOccupation (for Individual)  
DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2025**Transaction ID : A-85**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. WEBB, DAVID, , ,**

Mailing Address 4700 OCEAN FRONT AVENUE

City  
VIRGINIA BEACHState  
VAZip Code  
23451FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CBROccupation (for Individual)  
INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2025**Transaction ID : A-130**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. WHITE, MARK, , ,**

Mailing Address 2550 COVEY RUN

City  
MANAKIN SABOTState  
VAZip Code  
23103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARK WHITE LLCOccupation (for Individual)  
ARCHITECTURE DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2025**Transaction ID : A-11**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

81753.77

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 28

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

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. REPUBLICAN MAINSTREET PARTNERSHIP PAC**Mailing Address 411 NEW JERSEY AVENUE SE  
SUITE 320City  
WASHINGTONState  
DCZip Code  
20003FEC ID number of contributing  
federal political committee.**C** C00165159

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2025**Transaction ID : A-142**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B.**

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 28  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

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

**A. MCGUIRE RECOUNT COMMITTEE**

Mailing Address PO BOX 242

City  
MANAKIN SABOTState  
VAZip Code  
23103FEC ID number of contributing  
federal political committee.**C**

C00900118

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28864.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2025**Transaction ID : A-651**

Amount of Each Receipt this Period

28864.65

☐ Memo Item**REFUND PRO-RATA TRANSFER OF NET  
PROCEEDS**

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

**B.**

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

28864.65

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

28864.65

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 28

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

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS STREET

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-99

Amount of Each Disbursement this Period

160.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS STREET

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT PROCESSING FEES

003

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-119

Amount of Each Disbursement this Period

1372.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS STREET

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-141

Amount of Each Disbursement this Period

902.88

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2436.73



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 28

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

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

Full Name (Last, First, Middle Initial)

**A. BOGART ASSOCIATES INC**

Mailing Address 217 3RD ST SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

FUNDRAISING

Candidate Name

003

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-123

Amount of Each Disbursement this Period

3827.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TABULARIUS COMPLIANCE**

Mailing Address 126 C STREET NW

City  
WASHINGTONState  
DCZip Code  
20001

Purpose of Disbursement

COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-121

Amount of Each Disbursement this Period

3900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TABULARIUS COMPLIANCE**

Mailing Address 126 C STREET NW

City  
WASHINGTONState  
DCZip Code  
20001

Purpose of Disbursement

COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-96

Amount of Each Disbursement this Period

1800.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9527.12

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 28

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

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

Full Name (Last, First, Middle Initial)

**A. TABULARIUS COMPLIANCE**

Mailing Address 126 C STREET NW

City  
WASHINGTONState  
DCZip Code  
20001

Purpose of Disbursement

COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-97

Amount of Each Disbursement this Period

2300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TABULARIUS COMPLIANCE**

Mailing Address 126 C STREET NW

City  
WASHINGTONState  
DCZip Code  
20001

Purpose of Disbursement

COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-144

Amount of Each Disbursement this Period

2050.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. VIRGINIA CONSULTING GROUP**

Mailing Address 114 DUKE ST

City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

003

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-124

Amount of Each Disbursement this Period

11430.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15780.00

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

27743.85

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 28

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

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

Full Name (Last, First, Middle Initial)

**A. MCGUIRE FOR VIRGINIA**

Mailing Address PO BOX 242

City  
MANAKIN SABOTState  
VAZip Code  
23103

Purpose of Disbursement

TRANSFER OF NET PROCEEDS

008

Category/  
Type

Candidate Name

MCGUIRE, JOHN, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY DEBT-2024

State: VA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	2	5		

FEC Identification Number

C C00856831

Transaction ID : B-634

Amount of Each Disbursement this Period

45907.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCGUIRE FOR VIRGINIA**

Mailing Address PO BOX 242

City  
MANAKIN SABOTState  
VAZip Code  
23103

Purpose of Disbursement

TRANSFER OF NET PROCEEDS

008

Category/  
Type

Candidate Name

MCGUIRE, JOHN, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY DEBT-2024

State: VA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	2	5		

FEC Identification Number

C C00856831

Transaction ID : B-635

Amount of Each Disbursement this Period

25190.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCGUIRE FOR VIRGINIA**

Mailing Address PO BOX 242

City  
MANAKIN SABOTState  
VAZip Code  
23103

Purpose of Disbursement

TRANSFER OF NET PROCEEDS

008

Category/  
Type

Candidate Name

MCGUIRE, JOHN, , ,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☐ General  
☒ Other (specify) ▼

PRIMARY DEBT-2024

State: VA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	2	5		

FEC Identification Number

C C00856831

Transaction ID : B-636

Amount of Each Disbursement this Period

5438.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

76536.14

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

76536.14

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

PAGE 28 OF 28

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NAME OF COMMITTEE (In Full)

**MCGUIRE VICTORY FUND**

Full Name (Last, First, Middle Initial)

**A. PREMIER PROPERTIES REALTY LLC**

Mailing Address 167 GAINES THRIFTY LANE

City  
MANAKIN-SABOTState  
VAZip Code  
23103

Purpose of Disbursement

REFUND OF CONTRIBUTION DEPOSITED IN ERROR

Candidate Name

010

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-148

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

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

1000.00