

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.
Citizens United Political Victory Fund

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 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 Kevin Allen

Signature of Treasurer Kevin Allen [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

Citizens United Political Victory Fund

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="1149829.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1149829.61"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="66362.46"/>	<input type="text" value="66362.46"/>
(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="1216192.07"/>	<input type="text" value="1216192.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75751.31"/>	<input type="text" value="75751.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1140440.76"/>	<input type="text" value="1140440.76"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Citizens United Political Victory Fund

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).....	1500.00	1500.00
(ii) Unitemized	54862.46	54862.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	56362.46	56362.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	56362.46	56362.46
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.....	10000.00	10000.00
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))..... ▶	66362.46	66362.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	66362.46	66362.46

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	39391.31	39391.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	39391.31	39391.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	35000.00
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	360.00	360.00
(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)).....	360.00	360.00
29. Other Disbursements	1000.00	1000.00
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)) ..	75751.31	75751.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75751.31	75751.31

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)	56362.46	56362.46
34. Total Contribution Refunds (from Line 28(d))	360.00	360.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56002.46	56002.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	39391.31	39391.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	39391.31	39391.31

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

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

NAME OF COMMITTEE (In Full)
Citizens United Political Victory Fund

A. Mr. Jerald D August
Full Name (Last, First, Middle Initial)

Mailing Address 111 Florence Dr

City Jupiter State FL Zip Code 33458

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

Name of Employer Self employed Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 14 / 2014
Transaction ID : A2014-739656

Amount of Each Receipt this Period
300.00

B. Mrs. Maria Cueto
Full Name (Last, First, Middle Initial)

Mailing Address 1931 SW 14th Ter

City Miami State FL Zip Code 33145

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

Name of Employer Information Requested Occupation Information requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 14 / 2014
Transaction ID : A2014-145223

Amount of Each Receipt this Period
50.00

C. Mrs. W C Gafford
Full Name (Last, First, Middle Initial)

Mailing Address 21057 Emperor Michael Ln

City Silverhill State AL Zip Code 36576

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 02 / 2014
Transaction ID : A2014-144137

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID :

Please note that our committee follows all federal regulations, including those found at 11 CFR 104.7(a) governing the solicitation of contributors. This committee specifically requests all pertinent information from contributors, including employer and occupation; informs contributors that the committee is required by law to report the same; and, makes a follow-up request for omitted information when necessary. The committee thus complies with the best efforts rules.

Form/Schedule: SA11AI
Transaction ID:

This report is being amended in order to add an additional \$6,265.46 in contributions received from individuals that was not included in the original report. Please update your records accordingly.

**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 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens United Political Victory Fund

A. Mrs. Jane K Horne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1622 Laird St
 City Key West State FL Zip Code 33040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014
Transaction ID : A2014-145934
 Amount of Each Receipt this Period
 100.00

B. Mr. William B Snyder
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 5th Ave Ne Ph 2
 City St Petersburg State FL Zip Code 33701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : A2014-145699
 Amount of Each Receipt this Period
 500.00

C. Dianne Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1044 McAlways Road
 City Charlotte State NC Zip Code 28211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2014
Transaction ID : A2014-146128
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶ 1500.00

**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 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens United Political Victory Fund

A. Quin for Congress
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 82314
 City State Zip Code
 Mobile AL 36689
 FEC ID number of contributing federal political committee. **C** C00545368
 Name of Employer Occupation
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Spec. Run-Off & Gen.
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2014
Transaction ID : A2014-10690
 Amount of Each Receipt this Period
 10000.00
 Refund of Contributions for U.S. House race (2013 special run-off and general elections).

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens United Political Victory Fund

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement
Merchant Service Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B487204

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. InfoCision Management Corporation

Mailing Address 325 Springside Drive

City Akron State OH Zip Code 44333

Purpose of Disbursement
Telemarketing - Membership communication

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B487205

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

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 type="checkbox"/> 22	<input checked="" 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)
Citizens United Political Victory Fund

Full Name (Last, First, Middle Initial)

A. Dr. Chad Mathis for Congress

Mailing Address PO Box 1641

City Pelham State AL Zip Code 35124

Purpose of Disbursement
Contribution

011

Candidate Name

Chad Mathis MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 06

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : B487211

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Thomas Massie for Congress

Mailing Address PO Box 1444

City Florence State KY Zip Code 41022

Purpose of Disbursement
Contribution

011

Candidate Name

Thomas Massie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 04

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2014

Transaction ID : B487210

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Chris McDaniel

Mailing Address Post Office Box 125

City Laurel State MS Zip Code 39441

Purpose of Disbursement
Contribution

011

Candidate Name

Mike Morrell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MS District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : B487212

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Citizens United Political Victory Fund

Full Name (Last, First, Middle Initial)

A. Friends of Chris McDaniel

Mailing Address Post Office Box 125

City Laurel State MS Zip Code 39441

Purpose of Disbursement
Contribution

011

Candidate Name
Mike Morrell

Category/
Type

Office Sought: House
 Senate
 President
State: MS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2014

Transaction ID : B487213

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Jim Jordan for Congress

Mailing Address 1709 S. State Route 560

City Urbana State OH Zip Code 43078

Purpose of Disbursement
Contribution

011

Candidate Name
Jim Jordan

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2014

Transaction ID : B487209

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Comstock for Congress

Mailing Address P.O. Box 6156

City McLean State VA Zip Code 22106

Purpose of Disbursement
Contribution

011

Candidate Name
Barbara Comstock

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2014

Transaction ID : B487207

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Citizens United Political Victory Fund

Full Name (Last, First, Middle Initial)

A. Comstock for Congress

Mailing Address P.O. Box 6156

City McLean State VA Zip Code 22106

Purpose of Disbursement
Contribution

011

Candidate Name

Barbara Comstock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 08 / 2014

Transaction ID : B487208

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

5000.00

35000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Citizens United Political Victory Fund

Full Name (Last, First, Middle Initial)

A. Lalor for Assembly

Mailing Address 105 Stony Brook Road

City State Zip Code
Fishkill NY 12524

Purpose of Disbursement
P-2014 State House 105 NY

011

Candidate Name

Kieran Michael Lalor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 08 / 2014

Transaction ID : B487214

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

1000.00

1000.00