

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ANNIE KUSTER VICTORY FUND

ADDRESS (number and street)

1 PARK ROW 5TH FL



Check if different than previously reported. (ACC)

PROVIDENCE

RI

02903

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00526210

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

NH

02

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)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
11 / 29 / 2022

through

M M / D D / Y Y Y Y
12 / 31 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Schorr, Alexandra, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Schorr, Alexandra, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 31 / 2023

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 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 8

Write or Type Committee Name
ANNIE KUSTER VICTORY FUND

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 29 / 2022

To:

M M / D D / Y Y Y Y
12 / 31 / 2022

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	128.57	31860.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	128.57	31860.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	77.10	1130.50
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	77.10	1130.50
8. Cash on Hand at Close of Reporting Period (from Line 27)	13780.68	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 3 (Revised 05/2016)

Write or Type Committee Name

ANNIE KUSTER VICTORY FUND

Report Covering the Period:

From:

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

To:

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

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

75.00

31600.00

(ii) Unitemized.....

53.57

260.00

(iii) TOTAL of contributions from individuals ▶

128.57

31860.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

128.57

31860.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

128.57

31860.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	77.10	1130.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	16750.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	77.10	17880.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13729.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	128.57
25. SUBTOTAL (add Line 23 and Line 24).....	13857.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13780.68

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 8

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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)

ANNIE KUSTER VICTORY FUND

A. Full Name (Last, First, Middle Initial)
Merrow, George, , ,

Mailing Address 519 Crowell road

City Hopkinton	State NH	Zip Code 03229
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer McFarland Johnson	Occupation Consultant
---------------------------------------	--------------------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2022

Transaction ID : SA11AI.5451

Amount of Each Receipt this Period

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Spier, Carolyn, , ,

Mailing Address 9 Columbia Ave

City Nashua	State NH	Zip Code 03064
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2022

Transaction ID : SA11AI.5452

Amount of Each Receipt this Period

☐ Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-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)..... ▶

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

PAGE 6 OF 8

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

ANNIE KUSTER VICTORY FUND

Full Name (Last, First, Middle Initial)

A. Act Blue

Mailing Address 14 Arrow Street, Suite 11

City
CambridgeState
MAZip Code
02138Purpose of Disbursement
Credit Card Processing Fee

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
12		04		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1.98

Transaction ID : SB17.5461

☐ Memo Item**B. Act Blue**

Full Name (Last, First, Middle Initial)

Mailing Address 14 Arrow Street, Suite 11

City
CambridgeState
MAZip Code
02138Purpose of Disbursement
Credit Card Processing Fee

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
12		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1.98

Transaction ID : SB17.5460

☐ Memo Item**C. Act Blue**

Full Name (Last, First, Middle Initial)

Mailing Address 14 Arrow Street, Suite 11

City
CambridgeState
MAZip Code
02138Purpose of Disbursement
Credit Card Processing Fee

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
12		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

0.99

Transaction ID : SB17.5459

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

4.95

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

ANNIE KUSTER VICTORY FUND

Full Name (Last, First, Middle Initial)

A. Act Blue

Mailing Address 14 Arrow Street, Suite 11

City
CambridgeState
MAZip Code
02138Purpose of Disbursement
Credit Card Processing Fee

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
12	28	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

0.15

Transaction ID : SB17.5458

☐ Memo Item**B. Citizens Bank**

Mailing Address One Citizens Plaza

City
ProvidenceState
RIZip Code
02903Purpose of Disbursement
Bank Service Charge

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
12	05	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

18.00

Transaction ID : SB17.5454

☐ Memo Item**c. Citizens Bank**

Mailing Address One Citizens Plaza

City
ProvidenceState
RIZip Code
02903Purpose of Disbursement
Bank Service Charge

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
12	12	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

18.00

Transaction ID : SB17.5455

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

36.15

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

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

PAGE 8 OF 8

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

ANNIE KUSTER VICTORY FUND

Full Name (Last, First, Middle Initial)

A. Citizens Bank

Mailing Address One Citizens Plaza

City
ProvidenceState
RIZip Code
02903Purpose of Disbursement
Bank Service Charge

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
12		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

18.00

Transaction ID : SB17.5456

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address One Citizens Plaza

City
ProvidenceState
RIZip Code
02903Purpose of Disbursement
Bank Service Charge

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
12		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

18.00

Transaction ID : SB17.5457

☐ 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

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

36.00

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

77.10