

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 86
<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)
LCV Victory Fund

A. Bedingfield, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Brixton Water Ln
 City Atlanta State GA Zip Code 30306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Barrister
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 03 / 2016
Transaction ID : AE620EB68A4294ECB926
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bekenstein, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 High Rock Rd
 City Wayland State MA Zip Code 01778-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bain Capital Occupation (for Individual) Investor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000000.00

Date of Receipt 10 / 18 / 2016
Transaction ID : AC107563D48714DF895E
 Amount of Each Receipt this Period 500000.00
 Memo Item

C. Blakely, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 E Longview Ave
 City Columbus State OH Zip Code 43202-1239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 10 / 18 / 2016
Transaction ID : AA3DA5368F647407E91D
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500450.00
TOTAL This Period (last page this line number only).....	