

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 VICTORY 2016

ADDRESS (number and street) 4230 EAST TOWNE BLVD #700 Check if different than previously reported. (ACC) MADISON WI 53704

2. FEC IDENTIFICATION NUMBER C C00572792 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 10 / 20 / 2016 through 11 / 28 / 2016

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

Signature of Treasurer Olney, Norman, , Mr., [Electronically Filed] Date 12 / 08 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**VICTORY 2016**

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="2016"/>	<input type="text" value="35759.89"/>	<input type="text" value="35759.89"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="235372.07"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="195062.30"/>	<input type="text" value="677310.71"/>
(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="430434.37"/>	<input type="text" value="713070.60"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="268071.84"/>	<input type="text" value="550708.07"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="162362.53"/>	<input type="text" value="162362.53"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**VICTORY 2016**

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).....	153750.00	625247.41
(ii) Unitemized .....	41312.30	52063.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	195062.30	677310.71
(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) .....	195062.30	677310.71
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	195062.30	677310.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	195062.30	677310.71

**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 .....	52071.84	264248.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	52071.84	264248.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditures (use Schedule E) .....	212000.00	282460.00
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 .....	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 28(a), (b), and (c)).....	0.00	0.00
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)) ..	268071.84	550708.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	268071.84	550708.07

**DETAILED SUMMARY PAGE**  
of Disbursements

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<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) .....	195062.30	677310.71
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	195062.30	677310.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	52071.84	264248.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	52071.84	264248.07

**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 6 OF 35
<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

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)  
**VICTORY 2016**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Alpha Engineers</b>		Date of Receipt
Mailing Address 7901 SW 24th St		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2016"/>
City Miami	State FL	Zip Code 33155
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.5076</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Andis, Rita, , ,</b>		Date of Receipt
Mailing Address 5315 Wind Point Rd		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2016"/>
City Racine	State WI	Zip Code 53402
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.5065</b>
Name of Employer (for Individual) None		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual) Retired		<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bayer, William, , ,</b>		Date of Receipt
Mailing Address 515 E 88th St Apt 5D		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2016"/>
City New York	State NY	Zip Code 10128
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.5009</b>
Name of Employer (for Individual) None		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) Retired		<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 7 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**VICTORY 2016**

**A. Bio Compression Systems**

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

Mailing Address 120 W Commercial Ave

City Moonachie	State NJ	Zip Code 07074
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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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2016

**Transaction ID : SA11AI.5055**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

**B. Bland, John, , ,**

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

Mailing Address 1246 W Walnut St

City Coal Township	State PA	Zip Code 17866
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2016

**Transaction ID : SA11AI.5082**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

**C. Bost, Harold, , ,**

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

Mailing Address 125 Turnberry Cir

City Fayetteville	State GA	Zip Code 30215
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) None	Occupation (for Individual) Retired
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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  
 10 / 25 / 2016

**Transaction ID : SA11AI.5061**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 35
<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)  
**VICTORY 2016**

**A. Cannon, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6420 W Lakeridge Rd  
 City Lakewood State CO Zip Code 80227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 25 / 2016  
**Transaction ID : SA11AI.5081**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Christopher, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Bloomfield Ave  
 City Gilroy State CA Zip Code 95020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christopher Ranch Occupation (for Individual) Farmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.5078**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**C. Clark, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3716 Maplewood Ave  
 City Dallas State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 22 / 2016  
**Transaction ID : SA11AI.5043**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 35
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VICTORY 2016**

**A. Collum, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1507  
 City Cartersville State GA Zip Code 30120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2016  
**Transaction ID : SA11AI.5024**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item Contribution

**B. Dangelas, Maya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11722 Gallant Ridge  
 City Houston State TX Zip Code 77082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2016  
**Transaction ID : SA11AI.5092**  
 Amount of Each Receipt this Period  
 10000.00  
 Memo Item Contribution

**C. Dennis, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4444 Blackland Dr  
 City Marietta State GA Zip Code 30067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Ret  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2016  
**Transaction ID : SA11AI.4993**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 10500.00  
**TOTAL** This Period (last page this line number only).....▶

**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 10 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**VICTORY 2016**

**A. Denton, Jerry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4595 Miranda Dr  
 City Newburgh State IN Zip Code 47630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 25 / 2016  
**Transaction ID : SA11AI.5052**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item Contribution

**B. Duffy, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3620 S Pacific Ave 321  
 City San Pedro State CA Zip Code 90731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11AI.5038**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Dwyer, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8100 Cloy Rd  
 City Centerville State OH Zip Code 45458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.4999**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 11 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**VICTORY 2016**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. English, Glenda, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 2311 Forest Garden Dr			<b>Transaction ID : SA11AI.5028</b>
City Kingwood	State TX	Zip Code 77345	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) None		Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Favre, Art, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2016
Mailing Address 610 Highland Crossing St			<b>Transaction ID : SA11AI.5036</b>
City Baton Rouge	State LA	Zip Code 70810	Amount of Each Receipt this Period 25000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Performance Contractors		Occupation (for Individual) Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Goldblatt, Sidney, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 1243 Laurel View Dr			<b>Transaction ID : SA11AI.5086</b>
City Johnstown	State PA	Zip Code 15905	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) None		Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 12 OF 35
	<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)  
**VICTORY 2016**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Henry, Roland, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 101 Bourg-Larose Hwy		<b>Transaction ID : SA11AI.4995</b>
City Bourg	State LA	Zip Code 70343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Klondyke Mini Mart	Occupation (for Individual) Business Owner	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hess, Peter, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 7 Walnut Ln W		<b>Transaction ID : SA11AI.5072</b>
City Nishayuna	State NY	Zip Code 12309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Albany Steel	Occupation (for Individual) Manager	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hoffman, Frederic, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2016
Mailing Address 2 Dogwood Cir		<b>Transaction ID : SA11AI.5067</b>
City Myerstown	State PA	Zip Code 17067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Self	Occupation (for Individual) Bus Owner	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 13 OF 35
<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)  
**VICTORY 2016**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hurst, Brad, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 21 / 2016
Mailing Address 520 Joe Lyvers Rd		<b>Transaction ID : SA11AI.5001</b>
City Bardstown	State KY	Zip Code 40004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) JBH Properties	Occupation (for Individual) Owner	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Johnson, Charles, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 24 / 2016
Mailing Address 1220 South Ocean Bl		<b>Transaction ID : SA11AI.5059</b>
City Palm Beach	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50000.00
Name of Employer (for Individual) None	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Karpus, George, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 02 / 2016
Mailing Address 183 Sullys Trail		<b>Transaction ID : SA11AI.5031</b>
City Pittsford	State NY	Zip Code 14534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Karpus Inc	Occupation (for Individual) Investment Advisor	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 14 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**VICTORY 2016**

**A. Lockey, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2708 W Marlin Ave  
 City Tampa State FL Zip Code 33611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 25 / 2016  
**Transaction ID : SA11AI.5049**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Loverde, Joe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Pepperdine Cir  
 City Catonsville State MD Zip Code 21228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Realty Concepts Occupation (for Individual) Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.4997**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**C. McChristy, Werner, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 952  
 City Brawley State CA Zip Code 92227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.5094**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 15 OF 35
	<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)  
**VICTORY 2016**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Miller, Michael, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address 4402 Boxwood Rd			<b>Transaction ID : SA11AI.5003</b>
City Bethesda	State MD	Zip Code 20816	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) Self		Occupation (for Individual) Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Myler, Mary, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2016
Mailing Address 230 Woodcrest Dr			<b>Transaction ID : SA11AI.5079</b>
City Dearborn	State MI	Zip Code 48124	Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) None		Occupation (for Individual) Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Olson, Maurice, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2016
Mailing Address PO Box 17565			<b>Transaction ID : SA11AI.5018</b>
City Anaheim	State CA	Zip Code 92817	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) None		Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 16 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**VICTORY 2016**

**A. Peck, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 Pinnacle Heights Ln  
 City Las Vegas State NV Zip Code 89144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State Farm Insurance Occupation (for Individual) Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.5022**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**B. Polen, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2780 Ridge Rd  
 City Highland Park State IL Zip Code 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emco Chemical Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.5070**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**C. Popp, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 Donnelly Dr  
 City Fort Thomas State KY Zip Code 41075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.5016**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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 17 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**VICTORY 2016**

**A. Richardson, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Fox Tail Lane  
 City Chadds Ford State PA Zip Code 19317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Farmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.5088**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Richter, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5705 Lake Side Dr  
 City Bossier City State LA Zip Code 71111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Certified Limb & Brace Occupation (for Individual) Prosthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.5039**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**C. Riehl, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1301 E 9th St Ste 3500  
 City Cleveland State OH Zip Code 44114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.5005**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

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

**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 18 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**VICTORY 2016**

**A. Roise, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1605 Northridge Lane  
 City North Mankato State MN Zip Code 56003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lindsay Windows Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.5026**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

**B. Roseberg, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 N Charles St Ste 2200  
 City Baltimore State MD Zip Code 21201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rosemore Inc Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.5011**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**C. Sansom, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9455 Pensacola Bl Ste B  
 City Pensacola State FL Zip Code 32534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.5084**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 19 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**VICTORY 2016**

**A. Scheller, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 N Breakers Row Apt 351  
 City Palm Beach State FL Zip Code 33480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11AI.5030**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**B. Schilling, Hugh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8191 Elbow Lake Rd  
 City Siren State WI Zip Code 54872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11AI.5054**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item Contribution

**C. Schneebeck, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 741 N Manasota Key Rd  
 City Englewood State FL Zip Code 34223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Strategic Program Managers Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 10 / 29 / 2016  
**Transaction ID : SA11AI.5035**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 20 OF 35
	<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)  
**VICTORY 2016**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Shiely, John, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 01 / 2016
Mailing Address 15270 Briarbridge Ct		<b>Transaction ID : SA11AI.5033</b>
City Elm Grove	State WI	Zip Code 53122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Self	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Urbanek, Fred, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 21 / 2016
Mailing Address 613 Pinnacle Heights		<b>Transaction ID : SA11AI.5020</b>
City Las Vegas	State NV	Zip Code 89144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) None	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Vanderminden, Robert, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 27 / 2016
Mailing Address 5 Court Street		<b>Transaction ID : SA11AI.5047</b>
City Granville	State NY	Zip Code 12832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Telescope Casual Furniture	Occupation (for Individual) Owner	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 21 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**VICTORY 2016**

**A. Walls, Leah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 E Anapamu St  
 City Santa Barbara State CA Zip Code 93101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11AI.5074**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**B. Wright, Bryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11550 Old Georgetown Rd 406  
 City Rockville State MD Zip Code 20852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Blackwood Occupation (for Individual) Contractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 22 / 2016  
**Transaction ID : SA11AI.5041**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item Contribution

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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  
 Amount of Each Receipt this Period  
 Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	153750.00

**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"/> 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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial) <b>A. Black Hills Consultants</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 110 E Center St, Suite 2053		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5100</b> Amount of Each Disbursement this Period 6600.00
City Madison	State SD	Zip Code 57042
Purpose of Disbursement Fund Raising Services		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Black Hills Consultants</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 110 E Center St, Suite 2053		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4982</b> Amount of Each Disbursement this Period 15500.00
City Madison	State SD	Zip Code 57042
Purpose of Disbursement Direct Mail Design & Production		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. California Bank &amp; Trust</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address PO Box 489		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5104</b> Amount of Each Disbursement this Period 180.00
City Lawndale	State CA	Zip Code 90260
Purpose of Disbursement Wire Fees		Category/ Type
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

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

22280.00

**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 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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial) <b>A. California Bank &amp; Trust</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016	
Mailing Address PO Box 489		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5113</b> Amount of Each Disbursement this Period [REDACTED] 30.00	
City Lawndale	State CA	Zip Code 90260	Category/ Type [REDACTED]
Purpose of Disbursement Wire fee			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>B. Hampson, Janet, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 13421 Malena Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5099</b> Amount of Each Disbursement this Period [REDACTED] 1200.00	
City Santa Ana	State CA	Zip Code 92705	Category/ Type [REDACTED]
Purpose of Disbursement Clerical Services			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>C. Hampson, Janet, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016	
Mailing Address 13421 Malena Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5121</b> Amount of Each Disbursement this Period [REDACTED] 1200.00	
City Santa Ana	State CA	Zip Code 92705	Category/ Type [REDACTED]
Purpose of Disbursement Clerical Services			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2430.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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)  
**VICTORY 2016**

**A. Heritage Trust Consulting**

Full Name (Last, First, Middle Initial)  
Mailing Address 16861 NW 82nd Ave

City Miami Lakes State FL Zip Code 33016

Purpose of Disbursement Postage and Mailing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5101

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Heritage Trust Consulting**

Full Name (Last, First, Middle Initial)  
Mailing Address 16861 NW 82nd Ave

City Miami Lakes State FL Zip Code 33016

Purpose of Disbursement Postage & Mailing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5106

Amount of Each Disbursement this Period: 6000.00

Memo Item

**C. Heritage Trust Consulting**

Full Name (Last, First, Middle Initial)  
Mailing Address 16861 NW 82nd Ave

City Miami Lakes State FL Zip Code 33016

Purpose of Disbursement Postage & Mailing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5107

Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11000.00

**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 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)  
**VICTORY 2016**

**A. Heritage Trust Consulting**

Full Name (Last, First, Middle Initial)  
Mailing Address 16861 NW 82nd Ave

City Miami Lakes State FL Zip Code 33016

Purpose of Disbursement Consulting Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.5114  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Heritage Trust Consulting**

Full Name (Last, First, Middle Initial)  
Mailing Address 16861 NW 82nd Ave

City Miami Lakes State FL Zip Code 33016

Purpose of Disbursement Vehicle rentals

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.5115  
Amount of Each Disbursement this Period: 1029.30

Memo Item

**C. Landslide Communications**

Full Name (Last, First, Middle Initial)  
Mailing Address 3838 Rayment Dr Ste 3

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C  
Transaction ID : SB21B.5105  
Amount of Each Disbursement this Period: 2000.00

Memo Item

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

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

5529.30

**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"/> 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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial) <b>A. Olney, Norman, , Mr.,</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 5920 Friars Road Ste 204			
City San Diego	State CA	Zip Code 92108	
Purpose of Disbursement Management Fee		Category/ Type	FEC Identification Number <b>C</b>
Candidate Name			<b>Transaction ID : SB21B.5119</b>
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) ▼		Amount of Each Disbursement this Period 2500.00
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Olney, Norman, , Mr.,</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2016	
Mailing Address 5920 Friars Road Ste 204			
City San Diego	State CA	Zip Code 92108	
Purpose of Disbursement Management Fee		Category/ Type	FEC Identification Number <b>C</b>
Candidate Name			<b>Transaction ID : SB21B.5120</b>
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) ▼		Amount of Each Disbursement this Period 2500.00
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 2201 N Grand Ave			
City Santa Ana	State CA	Zip Code 92705	
Purpose of Disbursement Postage		Category/ Type	FEC Identification Number <b>C</b>
Candidate Name			<b>Transaction ID : SB21B.5102</b>
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) ▼		Amount of Each Disbursement this Period 317.72
State: District:			<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5317.72
<b>TOTAL</b> 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 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)  
**VICTORY 2016**

**A. Postmaster**

Full Name (Last, First, Middle Initial)

Mailing Address 2201 N Grand Ave

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5103

Amount of Each Disbursement this Period: 88.11

Memo Item

**B. Postmaster**

Full Name (Last, First, Middle Initial)

Mailing Address 2201 N Grand Ave

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5117

Amount of Each Disbursement this Period: 8.30

Memo Item

**C. Powell, Adam, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 925 D St

City Ramona State CA Zip Code 92065

Purpose of Disbursement Video

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5097

Amount of Each Disbursement this Period: 300.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	396.41
<b>TOTAL</b> 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 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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial) <b>A. Response Unlimited</b>			Date of Disbursement MM / DD / YYYY 11 / 09 / 2016		
Mailing Address 284 Shalom Rd			FEC Identification Number C		
City Waynesboro	State PA	Zip Code 22980	Transaction ID : <b>SB21B.5122</b>		
Purpose of Disbursement Postage & Mailing Fees		Category/ Type	Amount of Each Disbursement this Period 4849.03		
Candidate Name			Memo Item <input type="checkbox"/>		
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:					

Full Name (Last, First, Middle Initial) <b>B. Staples</b>			Date of Disbursement MM / DD / YYYY 11 / 08 / 2016		
Mailing Address 2120 East 17th St			FEC Identification Number C		
City Santa Ana	State CA	Zip Code 92705	Transaction ID : <b>SB21B.5116</b>		
Purpose of Disbursement Office Supplies		Category/ Type	Amount of Each Disbursement this Period 247.13		
Candidate Name			Memo Item <input type="checkbox"/>		
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:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
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:					

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

5096.16

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

52049.59

**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"/> 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)  
**VICTORY 2016**

**A. Justice Political Action Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 13421 Malena Dr

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement List Development

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 18 / 2016

FEC Identification Number: C

Transaction ID : SB23.5124

Amount of Each Disbursement this Period: 4000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4000.00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>VICTORY 2016</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> C00572792             </div>
--	---

Check if  24-hour report     48-hour report     New report    Amends report filed on   /  /  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Black Hills Consultants</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">11 / 03 / 2016</span>			
Mailing Address 110 E Center St, Suite 2053	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16500.00</div> <b>Transaction ID : SE.4979</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10 / 31 / 2016</span>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;">City Madison</td> <td style="width:17%; border-right: 1px solid black;">State SD</td> <td>Zip Code 57042</td> </tr> </table>		City Madison	State SD	Zip Code 57042
City Madison		State SD	Zip Code 57042	
Purpose of Expenditure Television advertising    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, Hillary, , ,	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">192000.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item <b>Black Hills Consultants</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">11 / 03 / 2016</span>			
Mailing Address 110 E Center St, Suite 2053	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3000.00</div> <b>Transaction ID : SE.4980</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10 / 31 / 2016</span>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;">City Madison</td> <td style="width:17%; border-right: 1px solid black;">State SD</td> <td>Zip Code 57042</td> </tr> </table>		City Madison	State SD	Zip Code 57042
City Madison		State SD	Zip Code 57042	
Purpose of Expenditure Radio Advertising    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, Hillary, , ,	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____			
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">195000.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">19500.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Olney, Norman, , Mr.,*

**[Electronically Filed]**

Date

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>VICTORY 2016</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00572792             </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Grassroots Campaign Creations</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2016</div>
Mailing Address 2360 Corporate Center Ste 400	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">12500.00</div>
City Henderson State NV Zip Code 89074	
Purpose of Expenditure Advertising Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: DONALD J. TRUMP FOR PRESIDENT, INC., , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">45500.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Landslide Communications Of Nevada</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2016</div>
Mailing Address 30011 Ivy Glenn Dr #223	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25000.00</div>
City Laguna Niguel State CA Zip Code 92677	
Purpose of Expenditure Telephone Communications Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: CLINTON, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">120500.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">37500.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Olney, Norman, , Mr.,*

**[Electronically Filed]**

Date

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

12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>VICTORY 2016</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00572792
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>Landslide Communications Of Nevada</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 30011 Ivy Glenn Dr #223		Amount <input type="text"/> 10000.00
City Laguna Niguel	State CA	
Zip Code 92677	Category/ Type <input type="text"/> 004	<b>Transaction ID : SE.4976</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Telephone communications		Name of Federal Candidate: MILLER, JOSEPH W, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate: MILLER, JOSEPH W, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>AK</b>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 10000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Landslide Communications Of Nevada</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 30011 Ivy Glenn Dr #223		Amount <input type="text"/> 15000.00
City Laguna Niguel	State CA	
Zip Code 92677	Category/ Type <input type="text"/> 004	<b>Transaction ID : SE.4990</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Telephone Communication		Name of Federal Candidate: CLINTON, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate: CLINTON, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> House State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 225000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 25000.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
(a) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Olney, Norman, , Mr.,*

**[Electronically Filed]**

Date

/  /

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>VICTORY 2016</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> C00572792             </div>
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Check if  24-hour report     48-hour report     New report    Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Television Ad Group</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 01 / 2016
Mailing Address 20436 Rt 19 Ste 360	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">50000.00</span> </div> <b>Transaction ID : SE.4961</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 28 / 2016
City Cranberry Twp.    State PA    Zip Code 16066	
Purpose of Expenditure Television Advertising    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: CLINTON, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">95500.00</span> </span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Television Ad Group</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2016
Mailing Address 20436 Rt 19 Ste 360	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">35000.00</span> </div> <b>Transaction ID : SE.4965</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 31 / 2016
City Cranberry Twp.    State PA    Zip Code 16066	
Purpose of Expenditure Television Advertising    Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: CLINTON, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">175500.00</span> </span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">85000.00</span> </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>

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*Olney, Norman, , Mr.,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>VICTORY 2016</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00572792                 </div>
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>Television Ad Group</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2016
Mailing Address 20436 Rt 19 Ste 360	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     15000.00                 </div> <b>Transaction ID : SE.4974</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2016
City Cranberry Twp. State PA Zip Code 16066	
Purpose of Expenditure Radio & Television Advertising Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, Hillary, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">210000.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>Television Ad Group</b>	Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 07 / 2016
Mailing Address 20436 Rt 19 Ste 360	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     10000.00                 </div> <b>Transaction ID : SE.5112</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2016
City Cranberry Twp. State PA Zip Code 16066	
Purpose of Expenditure Radio Advertising Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, Hillary, , ,	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">10000.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">25000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
<b>(a) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Olney, Norman, , Mr.,*

**[Electronically Filed]**

Date

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2016

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>VICTORY 2016</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00572792
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>USA Radio Networks</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 42104 N Venture Blvd	Amount <input type="text"/>
City Anthem State AZ Zip Code 85086	<b>Transaction ID : SE.4959</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Radio Advertising Category/Type <input type="text"/> 004	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Name of Federal Candidate: CLINTON, Hillary, , , Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 140500.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Name of Federal Candidate: Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 20000.00
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input type="text"/>
<b>(a) TOTAL</b> Independent Expenditures .....	<input type="text"/> 212000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Olny, Norman, , Mr.,*

**[Electronically Filed]**

Date

/  /

Signature