

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

RAND PAUL VICTORY COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="5660.00"/>	<input type="text" value="5660.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="32778.83"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="204049.83"/>	<input type="text" value="932917.22"/>
(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="236828.66"/>	<input type="text" value="938577.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="66367.57"/>	<input type="text" value="768116.13"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="170461.09"/>	<input type="text" value="170461.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

RAND PAUL VICTORY COMMITTEE

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).....	196400.00	861147.23
(ii) Unitemized	5008.00	11178.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	201408.00	872325.39
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	60450.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	203908.00	932775.39
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).....	141.83	141.83
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))..... ▶	204049.83	932917.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	204049.83	932917.22

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	66217.57	191369.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	66217.57	191369.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	573296.57
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	150.00	3450.00
(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)).....	150.00	3450.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	66367.57	768116.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66367.57	768116.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	203908.00	932775.39
34. Total Contribution Refunds (from Line 28(d))	150.00	3450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	203758.00	929325.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	66217.57	191369.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	141.83	141.83
38. Net Operating Expenditures (subtract Line 37 from Line 36)	66075.74	191227.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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)
RAND PAUL VICTORY COMMITTEE

A. DR. STEVEN AWNER
Full Name (Last, First, Middle Initial)
Mailing Address 193 VISCOUNT DR
City WILLIAMSVILLE State NY Zip Code 14221-1771
FEC ID number of contributing federal political committee. **C**
Name of Employer WESTERN NEW YORK OPHTHALMOLOGY Occupation OPHTHALMOLOGIST
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 01 / 2014
Transaction ID : SA11.339874
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. DR. YANNIS KOLETTIS
Full Name (Last, First, Middle Initial)
Mailing Address 8921 N WOOD SAGE RD
City PEORIA State IL Zip Code 61615-7822
FEC ID number of contributing federal political committee. **C**
Name of Employer ILLINOIS EYE CENTER Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 01 / 2014
Transaction ID : SA11.339871
Amount of Each Receipt this Period 25.00
CONTRIBUTION

C. DR. YANNIS KOLETTIS
Full Name (Last, First, Middle Initial)
Mailing Address 8921 N WOOD SAGE RD
City PEORIA State IL Zip Code 61615-7822
FEC ID number of contributing federal political committee. **C**
Name of Employer ILLINOIS EYE CENTER Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 01 / 2014
Transaction ID : SA11.339872
Amount of Each Receipt this Period 225.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 500.00
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 7 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. ANN ACERS WARN M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 6711 NW OAK DALE DR

City LAWTON	State OK	Zip Code 73505-1261
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FEC ID number of contributing federal political committee. **C**

Name of Employer DEAN MCGEE EYE INSTITUTE	Occupation OPHTHALMOLOGIST
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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	/	01	/	2014

Transaction ID : SA11.339873

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. DR. SUSAN MACDONALD M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 44 DEVENS ST

City CONCORD	State MA	Zip Code 01742-2413
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FEC ID number of contributing federal political committee. **C**

Name of Employer LAHEY CLINIC	Occupation PHYSICIAN
----------------------------------	-------------------------

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	/	02	/	2014

Transaction ID : SA11.339876

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. DR. DAVID E. JONES
Full Name (Last, First, Middle Initial)
Mailing Address 1236 WOODBRIDGE TRL

City OWENSBORO	State KY	Zip Code 42303-7544
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation OPHTHALMOLOGIST
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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	/	03	/	2014

Transaction ID : SA11.339878

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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:	PAGE 8 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. RICHARD ZAK M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 309 LAKEVIEW CIR
 City BOLINGBROOK State IL Zip Code 60440-1996
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 03 / 2014**
Transaction ID : SA11.339877
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

B. DR. JOHN E. DOWNING M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 985 MATLOCK RD STE 204
 City BOWLING GREEN State KY Zip Code 42104-7408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JOHN E DOWNING PSC Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **7600.00**

Date of Receipt **10 / 05 / 2014**
Transaction ID : SA11.339879
 Amount of Each Receipt this Period **5000.00**
 CONTRIBUTION

C. DR. JOHN B. HOLDS M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8025 DAYTONA DR
 City SAINT LOUIS State MO Zip Code 63105-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OPHTHALMIC PLASTIC COSMETIC SURGER Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **10 / 06 / 2014**
Transaction ID : SA11.339881
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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: PAGE 9 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. MATHEW MACCUMBER M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 N SHERIDAN RD
 City CHICAGO State IL Zip Code 60657-6156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ILLINOIS RETINA ASSOCIATES Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 10 / 06 / 2014
Transaction ID : SA11.339880
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. DR. GEORGE WILLIAMS M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 227 CHESTNUT CIR
 City BLOOMFIELD HILLS State MI Zip Code 48304-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ASSOCIATED RETINAL CONSULTANTS, P.C. Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 06 / 2014
Transaction ID : SA11.339882
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. DR. EVAN BLACK M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5188 SERENA DR
 City TROY State MI Zip Code 48098-2355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONSULTANTS IN OPHTHALMIC PLASTIC SURG Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 07 / 2014
Transaction ID : SA11.339884
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 85
<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)
RAND PAUL VICTORY COMMITTEE

A. DR. ROBERT A. COPELAND M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 7708 ROCTON AVE

City CHEVY CHASE	State MD	Zip Code 20815-3916
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FEC ID number of contributing federal political committee. **C**

Name of Employer HOWARD UNIVERSITY	Occupation OPHTHALMOLOGIST
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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	/	07	/	2014

Transaction ID : SA11.339885

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B. DR. ANNA LUISA DILORENZO M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 1393 FAIRFAX ST

City BIRMINGHAM	State MI	Zip Code 48009-1081
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FEC ID number of contributing federal political committee. **C**

Name of Employer SOMERSET OPHTHALMOLOGY	Occupation OPHTHALMOLOGIST
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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	/	07	/	2014

Transaction ID : SA11.339889

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C. DR. DAVID GEORGE SHULMAN M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 999 E. BASSE RD, STE. 127

City SAN ANTONIO	State TX	Zip Code 78209-1801
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FEC ID number of contributing federal political committee. **C**

Name of Employer DAVID G. SHULMAN, M.D., P.A.	Occupation OPHTHALMOLOGIST
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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	/	07	/	2014

Transaction ID : SA11.339890

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 85
	<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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. DR. JOE SKONKEY M.D.		Date of Receipt MM / DD / YYYY 10 / 07 / 2014
Mailing Address 1393 FAIRFAX ST		Transaction ID : SA11.339886
City BIRMINGHAM	State MI	Zip Code 48009-1081
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer TROY INTERNAL MEDICINE	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. DR. GREGORY L. SKUTA M.D.		Date of Receipt MM / DD / YYYY 10 / 07 / 2014
Mailing Address 1516 SWEETBRIAR CT		Transaction ID : SA11.339883
City EDMOND	State OK	Zip Code 73034-6555
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer UNIVERSITY OF OK/DEAN MCGEE EYE INSTITUTE	Occupation OPHTHALMOLOGIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DR. SIDNEY GICHERU		Date of Receipt MM / DD / YYYY 10 / 09 / 2014
Mailing Address 4385 SAN CARLOS ST		Transaction ID : SA11.339888
City DALLAS	State TX	Zip Code 75205-2051
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer LASERCARE EYE CENTER	Occupation OPHTHALMOLOGIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 13 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. DR. CARL BAKER M.D.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014
Mailing Address 1299 HEDGE LN		Transaction ID : SA11.339898
City PADUCAH	State KY	Zip Code 42001-5251
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PADUCAH RETINA CENTER	Occupation OPHTHALMOLOGIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DR. ROBERT F. MELENDEZ		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014
Mailing Address 735 GRAY HAWK DR NE		Transaction ID : SA11.339894
City RIO RANCHO	State NM	Zip Code 87144-4709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer EYE ASSOCIATES	Occupation OPHTHALMOLOGIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DR. ARVIND NEELAKANTAN M.D.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014
Mailing Address 9600 N. CENTRAL EXPY, STE. 300		Transaction ID : SA11.339896
City DALLAS	State TX	Zip Code 75231-5082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GLAUCOMA CENTER OF TEXAS	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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:	PAGE 14 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. DR. DAVID RINGEL		Date of Receipt
Mailing Address 101 KINGS WAY W # A		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
SEWELL	NJ	08080-2233
FEC ID number of contributing federal political committee.		Transaction ID : SA11.339899
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer		CONTRIBUTION
SELF-EMPLOYED	Occupation	
	OPHTHALMOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DR. HALSEY M. SETTLE		Date of Receipt
Mailing Address 10013 CLEMENTE CIR		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
AUSTIN	TX	78737-1029
FEC ID number of contributing federal political committee.		Transaction ID : SA11.339893
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer		CONTRIBUTION
BROBERG EYECARE	Occupation	
	PHYSICIAN/OPHTHALMOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DR. JOHN STABILE M.D.		Date of Receipt
Mailing Address 111 DEAN DR		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
TENAFLY	NJ	07670-2764
FEC ID number of contributing federal political committee.		Transaction ID : SA11.339895
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer		CONTRIBUTION
TENAFLY EYE ASSOCIATES	Occupation	
	OPHTHALMOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL 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:	PAGE 15 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. DR. RON H. TILFORD M.D.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014
Mailing Address 3343 COCHISE DR SE		Transaction ID : SA11.339897
City ATLANTA	State GA	Zip Code 30339-4322
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer PADUCAH RETINA CENTER	Occupation OPHTHALMOLOGIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DR. PENNY ASBELL M.D.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2014
Mailing Address 303 E 83RD ST		Transaction ID : SA11.339901
City NEW YORK	State NY	Zip Code 10028-4318
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer ICAHN SCHOOL OF MEDICINE	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DR. RAJESH SHETTY		Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2014
Mailing Address 105 HERON LAKE WAY		Transaction ID : SA11.339902
City PONTE VEDRA BEACH	State FL	Zip Code 32082-2136
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer FLORIDA EYE SPECIALISTS	Occupation OPHTHALMOLOGIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 16 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. JOANNA M. FISHER M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 769 FETTERS MILL RD
 City HUNTINGDON VALLEY State PA Zip Code 19006-5105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VALLEY EYE PROFESSIONALS, L.L.C. Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 12 / 2014**
Transaction ID : SA11.339904
 Amount of Each Receipt this Period **500.00**
 CONTRIBUTION

B. DR. JEAN RENEE HAUSHEER M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 NW BURR OAK DR
 City LAWTON State OK Zip Code 73507-8923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEAN MCGEE EYE INSTITUTE Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 12 / 2014**
Transaction ID : SA11.339903
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

C. DR. AREZO AMIRIKIA M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4455 WOODWARD AVE SUITE 107
 City PONTIAC State MI Zip Code 48341-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 13 / 2014**
Transaction ID : SA11.339911
 Amount of Each Receipt this Period **1000.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
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:	PAGE 17 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. DR. JAMES CROLEY III, MD		Date of Receipt M M / D D / Y Y Y Y Y 10 / 13 / 2014
Mailing Address 613 DEL PRADO BLVD S		Transaction ID : SA11.339910
City CAPE CORAL	State FL	Zip Code 33990-2611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer EYESIGHT OF CAPE CORAL, P.A.		CONTRIBUTION
Occupation OPHTHALMOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. DR. RAVI D. GOEL M.D.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 13 / 2014
Mailing Address 25 PARNELL DR		Transaction ID : SA11.339912
City CHERRY HILL	State NJ	Zip Code 08003-2201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer REGIONAL EYE ASSOCIATES		CONTRIBUTION
Occupation OPHTHALMOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DR. THOMAS WAYNE HARPER M.D.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 13 / 2014
Mailing Address 2301 WESLEYAN CT		Transaction ID : SA11.339906
City LOUISVILLE	State KY	Zip Code 40242-4049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer OPHTHALMOLOGY ASSOCIATES		CONTRIBUTION
Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. NIKI SILVERSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 198 NORTH RD
 City CHESTER State NJ Zip Code 07930-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NIKI SILVERSTEIN EYE M.D., L.L.C. Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 13 / 2014**
Transaction ID : SA11.339909
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

B. DR. ANNE N. TOAL M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 254 WESTWOOD DR
 City BLOOMFIELD HILLS State MI Zip Code 48301-2647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EASTSIDE EYE PHYSICIANS Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 13 / 2014**
Transaction ID : SA11.339908
 Amount of Each Receipt this Period **500.00**
 CONTRIBUTION

C. DR. JESUS BORRILLO M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 486 S TAAFFE ST
 City SUNNYVALE State CA Zip Code 94086-7633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N.C. R.V.A. Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 14 / 2014**
Transaction ID : SA11.339914
 Amount of Each Receipt this Period **1000.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 19 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. JOHN FISH M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2507 DRIVER RD

City State Zip Code
BIG SPRING TX 79720-7190

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

Name of Employer Occupation
SELF-EMPLOYED OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 14 / 2014
Transaction ID : SA11.339913

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. DR. S. W. CLARK III, M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 502 ISABELLA ST

City State Zip Code
WAYCROSS GA 31501-3638

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

Name of Employer Occupation
CLARK EYE CLINIC, P.C. OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 15 / 2014
Transaction ID : SA11.339917

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. DR. ALAN S. CRANDALL
Full Name (Last, First, Middle Initial)

Mailing Address 1043 N EASTCAPITOL BLVD

City State Zip Code
SALT LAKE CITY UT 84103-2243

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

Name of Employer Occupation
JOHN MORAN EYE CENTER OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
10 / 15 / 2014
Transaction ID : SA11.339915

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 20 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. DAVID W. JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 8101 E LOWRY BLVD, STE. 210

City DENVER	State CO	Zip Code 80230-7196
----------------	-------------	------------------------

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

Name of Employer COLORADO RETINA ASSOCIATES, P.C.	Occupation OPHTHALMOLOGIST
--	-------------------------------

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	/	15	/	2014

Transaction ID : SA11.339916

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. DR. BROCK K. BAKEWELL M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 6099 N PLACITA FRESNILLO

City TUCSON	State AZ	Zip Code 85750-1257
----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2014

Transaction ID : SA11.351415

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. DR. RUDOLF CHURNER III
Full Name (Last, First, Middle Initial)
Mailing Address 6831 COTTAGE HILL LN

City CELINA	State TX	Zip Code 75009-5107
----------------	-------------	------------------------

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

Name of Employer HERITAGE EYE CENTER	Occupation OPHTHALMOLOGIST
---	-------------------------------

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	/	16	/	2014

Transaction ID : SA11.351416

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 21 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. DR. PETER J. PANTON M.D.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2014
Mailing Address 7740 W NORTH AVE		Transaction ID : SA11.351417
City ELMWOOD PARK	State IL	Zip Code 60707-4124
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer PANTON EYE CENTER	Occupation OPHTHALMOLOGIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DR. ANDREW PRINCE		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2014
Mailing Address 178 E 71ST ST		Transaction ID : SA11.351431
City NEW YORK	State NY	Zip Code 10021-5131
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. DR. STEVE FRIEDLANDER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2014
Mailing Address 610 SIERRA ROSE DR		Transaction ID : SA11.351432
City RENO	State NV	Zip Code 89511-2072
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

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: PAGE 23 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. DANIEL C. ALTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 338 RIDGE RD
 City BARRINGTON State IL Zip Code 60010-9602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MIDWEST RETINA CONSULTANTS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2014
Transaction ID : SA11.351434
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. DR. JARL NIELSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 SIERRA ROSE DR
 City RENO State NV Zip Code 89511-2072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEVADA RETINA ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2014
Transaction ID : SA11.351435
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. DR. BRENDA PAGAN-DURAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 TWIN BROOKS RD
 City SADDLE RIVER State NJ Zip Code 07458-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WESTWOOD OPHTHALMOLOGY ASSOCIATE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2014
Transaction ID : SA11.351433
 Amount of Each Receipt this Period 1000.00
 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 24 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. KATHRYN MENTA GARDNER M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 680 AMALFI DR
 City State Zip Code
 PACIFIC PALISADES CA 90272-4506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED OPHTHALMOLOGIST
 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 / 19 / 2014
Transaction ID : SA11.351421
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. DR. AMALIA A. MIRANDA M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4435 NW 56TH ST
 City State Zip Code
 OKLAHOMA CITY OK 73112-1586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED OPHTHALMOLOGIST
 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 / 19 / 2014
Transaction ID : SA11.351422
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. MS. ALEXANDRIA K. PLUMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 680 AMALFI DR
 City State Zip Code
 PACIFIC PALISADES CA 90272-4506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF TEXAS STUDENT
 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 / 19 / 2014
Transaction ID : SA11.351444
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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:	PAGE 25 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. MATTHEW APPENZELLER
Full Name (Last, First, Middle Initial)

Mailing Address 1206 BROOKVIEW DR

City ELON	State NC	Zip Code 27244-9660
--------------	-------------	------------------------

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

Name of Employer ALAMANCE EYE	Occupation OPHTHALMOLOGIST
----------------------------------	-------------------------------

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		20		2014

Transaction ID : SA11.351426

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. DR. RAYMOND DEMAIO
Full Name (Last, First, Middle Initial)

Mailing Address 1585 COLEBROOK RD

City LEBANON	State PA	Zip Code 17042-9531
-----------------	-------------	------------------------

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

Name of Employer B&D EYE PROFESSIONALS	Occupation OPHTHALMOLOGIST
---	-------------------------------

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		20		2014

Transaction ID : SA11.351425

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. DR. WILLIAM JACOB FISHKIND
Full Name (Last, First, Middle Initial)

Mailing Address 4750 N CAMINO CORTO

City TUCSON	State AZ	Zip Code 85718-6011
----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

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		20		2014

Transaction ID : SA11.351437

Amount of Each Receipt this Period
250.00

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:	PAGE 26 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. FRANK HRISOMALOS
Full Name (Last, First, Middle Initial)

Mailing Address 350 N MERIDIAN ST
UNIT 710

City INDIANAPOLIS State IN Zip Code 46204-1783

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

Name of Employer INDIANA UNIVERSITY Occupation OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 20 / 2014
Transaction ID : SA11.351424

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. DR. WILLIAM OFFUT M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3790 PARIS PIKE

City GEORGETOWN State KY Zip Code 40324-8701

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

Name of Employer EYE CONSULTANTS OF KENTUCKY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 20 / 2014
Transaction ID : SA11.351436

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. DR. JOHN A. WELLS M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 124 SUNSET CT

City WEST COLUMBIA State SC Zip Code 29169-2429

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 20 / 2014
Transaction ID : SA11.351423

Amount of Each Receipt this Period
1000.00

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 27 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. JOHN ARNEY		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2014
Mailing Address 1825 INDUSTRIAL BY-PASS		Transaction ID : SA11.351553
City FRANKLIN	State KY	Zip Code 42134-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer ARNEY INDUSTRIAL INC	Occupation MECHANICAL CONTRACTOR	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) B. MS. BEATE BACHMANN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2014
Mailing Address 1107 IRONWOOD DR		Transaction ID : SA11.351453
City BOWLING GREEN	State KY	Zip Code 42103-6233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NHK OF AMERICA SUSPENSION COMPONENTS I	Occupation CONTROLLER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. CATHERINE BAILEY		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 3242		Transaction ID : SA11.351468
City PALM BEACH	State FL	Zip Code 33480-1442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CHRYSLIS VENTURES	Occupation VENTURE CAPITAL	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	3350.00
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:	PAGE 28 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. REBECCA BAKER
Full Name (Last, First, Middle Initial)

Mailing Address 75 FOREST HILL RD

City GREENVILLE State KY Zip Code 42345-4553

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

Name of Employer TRIGG COUNTY HOSPITAL Occupation RADIOLOGY TECHNOLOGIST

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 / 2014

Transaction ID : SA11.351561

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. MR. FREDERICK E. BARKEY
Full Name (Last, First, Middle Initial)

Mailing Address 1003 FAIRWAY ST

City BOWLING GREEN State KY Zip Code 42103-2420

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.351488

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 2170 EWING FORD RD

City BOWLING GREEN State KY Zip Code 42103-7918

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

Name of Employer SELF-EMPLOYED Occupation MARKETING CONSULTANT

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 / 2014

Transaction ID : SA11.351467

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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:	PAGE 29 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. PETE ANTHONY BLANDFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8023 DAWSON HILL RD
 City LOUISVILLE State KY Zip Code 40299-5311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351536
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. CLARENCE BREWER
 Full Name (Last, First, Middle Initial)
 Mailing Address 912 CARRIAGE CT
 City BOWLING GREEN State KY Zip Code 42103-7818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIRST SECURITY BANK Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351474
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

C. DR. BETH ANN BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1528 CABELL DR
 City BOWLING GREEN State KY Zip Code 42104-3114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GGC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351462
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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: PAGE 30 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. BOYD R. BUSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 PRATER DR
 City State Zip Code
 PIKEVILLE KY 41501-3473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIV OF PIKEVILLE PHYSICIAN
 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 / 2014
Transaction ID : SA11.351460
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. MR. TRAVIS CREED
 Full Name (Last, First, Middle Initial)
 Mailing Address 1424 RIVERGREEN LN
 City State Zip Code
 BOWLING GREEN KY 42103-7942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BAYOU CITY EXPLORATION, INC SVP AND CORP COUNSEL
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA11.351559
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. MS. BARBARA ANN DAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15216 CHAMPION LAKES PL
 City State Zip Code
 LOUISVILLE KY 40245-5277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED 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 / 2014
Transaction ID : SA11.351454
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 31 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. HARRISON DONNELLY
Full Name (Last, First, Middle Initial)

Mailing Address 1344 GARVIN LN

City BOWLING GREEN State KY Zip Code 42101-7621

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

Name of Employer STUDENT Occupation STUDENT

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 / 2014

Transaction ID : SA11.351557

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. RICHMOND DONNELLY
Full Name (Last, First, Middle Initial)

Mailing Address 3946 LINDLEY AVE

City CINCINNATI State OH Zip Code 45212-3704

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

Name of Employer CINCINNATI INSURANCE COMPANY Occupation COMMERCIAL UNDERWRITER

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 / 2014

Transaction ID : SA11.351543

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. DR. JOHN E. DOWNING M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 985 MATLOCK RD STE 204

City BOWLING GREEN State KY Zip Code 42104-7408

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

Name of Employer JOHN E DOWNING PSC Occupation OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.351503

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3100.00
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 32 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. OLES DROBOCKY

Mailing Address 727 31 WEST
SUITE 113

City BOWLING GREEN State KY Zip Code 42101-

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

Name of Employer SELF-EMPLOYED Occupation ORTHODONTIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 21 / 2014
Transaction ID : SA11.351531

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DR. BILLY FAIRLESS

Mailing Address 620 RALEY ROAD

City NEW BURNSIDE State IL Zip Code 62967-

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 21 / 2014
Transaction ID : SA11.351458

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. ASAD D. FRASER

Mailing Address 1317 OVERLOOK LN

City BOWLING GREEN State KY Zip Code 42103-7812

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

Name of Employer GRAVES GILBERT CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1075.00

Date of Receipt
10 / 21 / 2014
Transaction ID : SA11.351445

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1325.00
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 33 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. MRS. JESSICA FRAZIER
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 555

City CAMPBELLSVILLE State KY Zip Code 42719-0555

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

Name of Employer TAYLOR COUNTY ANESTHESIA PSC Occupation MEDICAL OFFICE MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA11.351556

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. MR. HUGH FROEDGE
Full Name (Last, First, Middle Initial)

Mailing Address 181 ROWLAND LN

City TOMPKINSVILLE State KY Zip Code 42167-8571

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

Name of Employer FROEDGE MACHINE Occupation ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA11.351497

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 627 EASTWOOD ST

City BOWLING GREEN State KY Zip Code 42103-1688

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA11.351494

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3850.00
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 34 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. MS. JENEAN M. HAMPTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 MOORELAND DR
 City BOWLING GREEN State KY Zip Code 42103-1571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351501
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. MRS. MEGAN H. HAYDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 KARLA CIR
 City RUSSELLVILLE State KY Zip Code 42276-9441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351527
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

C. HAL HOBBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3604 SUMMER BREEZE CT
 City BOWLING GREEN State KY Zip Code 42104-6515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BECKMAN COULTER & RAFFERTY'S, INC Occupation TECH MGR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351493
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 35 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. ROBERT HOLDERFIELD		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 1022		Transaction ID : SA11.351545
City BOWLING GREEN	State KY	Zip Code 42102-1022
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SOUTHERN KENTUCKY PIE, INC	Occupation OWNER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MR. JOSEPH MARSHALL HUGHES		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2014
Mailing Address 1256 CAMPBELL LN STE 201		Transaction ID : SA11.351529
City BOWLING GREEN	State KY	Zip Code 42104-1082
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer HUGHES & COLEMAN	Occupation ATTORNEY	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) C. ELI JACKSON		Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2014
Mailing Address 1857 TUCKER WAY		Transaction ID : SA11.351484
City BOWLING GREEN	State KY	Zip Code 42104-6258
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation DENTIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	3100.00
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 36 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. MRS. JUDY R. JOHNSON		Date of Receipt 10 / 21 / 2014 Transaction ID : SA11.351507
Mailing Address 2093 DYE FORD RD		Amount of Each Receipt this Period 250.00
City ALVATON	State KY	Zip Code 42122-9677
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DAVID LEITZEN		Date of Receipt 10 / 21 / 2014 Transaction ID : SA11.351481
Mailing Address 173 JOHN RINGLING BLVD		Amount of Each Receipt this Period 250.00
City SARASOTA	State FL	Zip Code 34236-1218
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer REFUSED	Occupation REFUSED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DR. GLENN R. MALCHOW		Date of Receipt 10 / 21 / 2014 Transaction ID : SA11.351489
Mailing Address 900 NINE IRON CT		Amount of Each Receipt this Period 250.00
City BOWLING GREEN	State KY	Zip Code 42103-2516
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer MALCHOW LAWLESS & WIESMANN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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: PAGE 37 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. ROBERT MARINO

Mailing Address 11703 TRANQUILITY WAY

City State Zip Code
LOUISVILLE KY 40291-4296

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

Name of Employer Occupation
SONIRAM LLC CEO

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 / 2014
Transaction ID : SA11.351563

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. BARRY MCINTOSH

Mailing Address PO BOX 87

City State Zip Code
BOWLING GREEN KY 42102-0087

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

Name of Employer Occupation
BLUEGRASS INVESTMENTS, LLC REAL ESTATE INVESTMENTS

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 / 2014
Transaction ID : SA11.351455

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 642 S 2ND ST
APT 701

City State Zip Code
LOUISVILLE KY 40202-2440

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

Name of Employer Occupation
UNIVERSITY OF LOUISVILLE PROFESSOR AND PHYSICIAN

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 / 2014
Transaction ID : SA11.351552

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 38 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. WILLIAM PEDIGO
Full Name (Last, First, Middle Initial)

Mailing Address 314 MERCHANT DR

City KNOXVILLE State TN Zip Code 37912-3547

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

Name of Employer PRESTIGE CLEANERS Occupation ROUTE MANAGER

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 / 2014

Transaction ID : SA11.351464

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. RACHEL PHELPS BAYENS
Full Name (Last, First, Middle Initial)

Mailing Address 739 COOPER DR

City LEXINGTON State KY Zip Code 40502-2249

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

Name of Employer GOVERNMENT STRATEGIES Occupation LOBBYIST

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 / 2014

Transaction ID : SA11.351542

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 5910 SHILOH RD E STE 124

City ALPHARETTA State GA Zip Code 30005-1718

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

Name of Employer TODAY TEL, INC Occupation CEO

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 / 2014

Transaction ID : SA11.351519

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 39 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. BOBBY RABOLD
Full Name (Last, First, Middle Initial)

Mailing Address 61 TALBOTT DR

City BOWLING GREEN State KY Zip Code 42103-1372

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

Name of Employer SELF-EMPLOYED Occupation SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.351459

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. DAN RENSHAW
Full Name (Last, First, Middle Initial)

Mailing Address 3075 SCOTTSVILLE RD

City BOWLING GREEN State KY Zip Code 42104-4413

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

Name of Employer RENSHAW AUTOMOTIVE Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.351480

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

C. DR. DAVID B. RICHARDS
Full Name (Last, First, Middle Initial)

Mailing Address 8 CHESTNUT HILL CT

City BOWLING GREEN State KY Zip Code 42103-7014

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

Name of Employer WKONA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11.351482

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3600.00
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: PAGE 40 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. ADAM RILEY

Mailing Address 1746 INMAN RD

City State Zip Code
KARNAK IL 62956-2427

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

Name of Employer Occupation
SOUTHERN ILLINOIS UNIVERSITY SCHOOL (STUDENT

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 / 2014
Transaction ID : SA11.351447

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. BART ROWLAND

Mailing Address 101 W 1ST ST

City State Zip Code
TOMPKINSVILLE KY 42167-1536

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

Name of Employer Occupation
MONROE CO BOARD OF EDUCATION ADMINISTRATOR

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 / 2014
Transaction ID : SA11.351456

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 1469 SOUTHERN SKY CIR

City State Zip Code
BOWLING GREEN KY 42104-7624

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

Name of Employer Occupation
SHELDON'S EXPRESS PHARMACY PHARMACIST

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 / 2014
Transaction ID : SA11.351547

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 41 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. ARTIS PRESTON TRUETT III
Full Name (Last, First, Middle Initial)

Mailing Address 601 ALEXANDRIA

City OWENSBORO State KY Zip Code 42303-7597

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

Name of Employer OWENSBORO DERMATOLOGY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351451

Amount of Each Receipt this Period 2600.00

CONTRIBUTION

B. DR. LESLIE K. TUTT
Full Name (Last, First, Middle Initial)

Mailing Address 840 COVINGTON GROVE BLVD

City BOWLING GREEN State KY Zip Code 42104-4663

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

Name of Employer GRAVES GILBERT CLINIC Occupation RADIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351515

Amount of Each Receipt this Period 250.00

CONTRIBUTION

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

Mailing Address 1531 STILLWATER CT

City BOWLING GREEN State KY Zip Code 42103-6022

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

Name of Employer SPRINGFIELD RADIOLOGY Occupation RADIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351450

Amount of Each Receipt this Period 275.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3125.00

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 42 OF 85
<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)
RAND PAUL VICTORY COMMITTEE

A. DONNA G. WESTBROOK
Full Name (Last, First, Middle Initial)
Mailing Address 4014 FLAGSTONE CT
City FRANKLIN State TN Zip Code 37069-7231
FEC ID number of contributing federal political committee. **C**
Name of Employer DOC AIR Occupation PRESIDENT & CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351463
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. MR. AARON L. WITTEN
Full Name (Last, First, Middle Initial)
Mailing Address 203 W WHITE OAK ST
City LEITCHFIELD State KY Zip Code 42754-1038
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation CERTIFIED FINANCIAL PLANNER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351446
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. LLOYD G. WOODS
Full Name (Last, First, Middle Initial)
Mailing Address 551 W SECOND ST # B
City LEXINGTON State KY Zip Code 40508-1203
FEC ID number of contributing federal political committee. **C**
Name of Employer SHELTERBLUE, LLC Occupation CIO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351520
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 43 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. MICHAEL J. ZACHEK M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1417 OVERLOOK CT

City BOWLING GREEN State KY Zip Code 42103-7800

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

Name of Employer GRAVES GILBERT CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1550.00

Date of Receipt 10 / 21 / 2014
Transaction ID : SA11.351528

Amount of Each Receipt this Period 50.00

CONTRIBUTION

B. DR. WILLIAM ZACHERY BRIDGES
Full Name (Last, First, Middle Initial)

Mailing Address 406 VANDERBILT RD

City ASHEVILLE State NC Zip Code 28803-3004

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

Name of Employer ASHEVILLE EYE ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2014
Transaction ID : SA11.351438

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C. DR. JACK N. CHAPMAN JR.
Full Name (Last, First, Middle Initial)

Mailing Address 2061 BEVERLY RD

City GAINESVILLE State GA Zip Code 30501-2034

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2014
Transaction ID : SA11.351439

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2050.00

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 44 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. CONNIE DIMARI
Full Name (Last, First, Middle Initial)

Mailing Address 16 W 16TH ST

City NEW YORK State NY Zip Code 10011-6328

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

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 / 22 / 2014

Transaction ID : SA11.351429

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. DR. JOHN P. HANLON
Full Name (Last, First, Middle Initial)

Mailing Address 2850 W 95TH ST

City EVERGREEN PARK State IL Zip Code 60805-2735

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

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 / 22 / 2014

Transaction ID : SA11.351428

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. DR. DIANA SHIBA
Full Name (Last, First, Middle Initial)

Mailing Address 251 SAINT ALBANS AVE

City SOUTH PASADENA State CA Zip Code 91030-3561

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11.351427

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 45 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. R N. SJAARDA M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 40 SPRINGHILL FARM CT

City State Zip Code
HUNT VALLEY MD 21030-1400

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

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 / 22 / 2014

Transaction ID : SA11.351440

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. DR. JOEL L. STROM
Full Name (Last, First, Middle Initial)

Mailing Address 10539 BRADBURY RD

City State Zip Code
LOS ANGELES CA 90064-3345

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

Name of Employer Occupation
SELF-EMPLOYED DENTIST/POLITICAL CONSULTANT

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 / 26 / 2014

Transaction ID : SA11.351413

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. ANTHONY A. LYONS
Full Name (Last, First, Middle Initial)

Mailing Address 307 W 36TH ST
FL 11

City State Zip Code
NEW YORK NY 10018-6592

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

Name of Employer Occupation
SKYHORSE PUBLISHING PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11.351442

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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: PAGE 46 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. GEORGE BARNES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4005 LUCERNE DR SE
 City HUNTSVILLE State AL Zip Code 35802-1213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SNELLING PROFESSIONAL SERVICES Occupation EXECUTIVE RECRUITER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340445
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. MR. ROY M. BEARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1061 GARVIN LN
 City BOWLING GREEN State KY Zip Code 42101-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GADDIE SHAMROCK, LLC Occupation ROAD CONTRACTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340422
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. DR. SUSAN M. BERBERICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7908 WOLF PEN BRANCH RD
 City PROSPECT State KY Zip Code 40059-9172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KENTUCKY EYE CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340405
 Amount of Each Receipt this Period 250.00
 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 47 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. CINDY BRADFORD M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3501 RENA DAWN LN

City EDMOND State OK Zip Code 73013-8079

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

Name of Employer O.U.H.S.C. Occupation OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340401

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

B. JANELL S. BRUNNER
Full Name (Last, First, Middle Initial)

Mailing Address 11939 MANCHESTER RD # 151

City SAINT LOUIS State MO Zip Code 63131-4502

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340374

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

C. MR. JOHN GAMMON BRUNNER
Full Name (Last, First, Middle Initial)

Mailing Address 11939 MANCHESTER RD # 151

City SAINT LOUIS State MO Zip Code 63131-4502

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

Name of Employer VI-JON LABORATORIES Occupation C.E.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340373

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 11000.00

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: PAGE 48 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. CAROLYN D. BURNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 PEPPERBUSH RD
 City State Zip Code
 LOUISVILLE KY 40207-5707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STRATEGIC HEALTHCARE GROUP PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11.340393
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. DR. FRANK R. BURNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 PEPPERBUSH RD
 City State Zip Code
 LOUISVILLE KY 40207-5707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11.340396
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. MR. PAUL BURRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 560 WIDENER CIR
 City State Zip Code
 FRANKLIN KY 42134-5948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MCDONALD'S LICENSEE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11.340423
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
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 49 OF 85
<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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. MR. STEVE CARVER		Date of Receipt
Mailing Address PO BOX 418		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City State Zip Code BOWLING GREEN KY 42102-0418		Transaction ID : SA11.340446
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2600.00"/>
Name of Employer Occupation JM CHICK CO PRESIDENT		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2600.00"/>

Full Name (Last, First, Middle Initial) B. DR. WILLIAM S. CLIFFORD		Date of Receipt
Mailing Address 102 DRURY LN		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City State Zip Code GARDEN CITY KS 67846-9671		Transaction ID : SA11.340408
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer Occupation SELF-EMPLOYED OPHTHALMOLOGIST		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 (Last, First, Middle Initial) C. MR. GREGORY L. DILLION		Date of Receipt
Mailing Address 895 DOVE ST., STE. 500		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City State Zip Code NEWPORT BEACH CA 92660-2941		Transaction ID : SA11.340388
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer Occupation NEURMEYER & DILLION ATTORNEY		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. MR. ALLEN L. DODD JR.		Date of Receipt
Mailing Address 1216 GARVIN LN		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City State Zip Code BOWLING GREEN KY 42101-7620		Transaction ID : SA11.340415
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Occupation RETIRED RETIRED		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"/>

Full Name (Last, First, Middle Initial) B. DR. DENISE FARNATH-ALBER M.D.		Date of Receipt
Mailing Address 19 N LAKESIDE DR W		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City State Zip Code MEDFORD NJ 08055-9205		Transaction ID : SA11.340398
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Occupation MAZZUCA EYE CENTER OPHTHALMOLOGIST		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"/>

Full Name (Last, First, Middle Initial) C. DR. KIRK A. FEE		Date of Receipt
Mailing Address 3 CHESTNUT HILL CT		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City State Zip Code BOWLING GREEN KY 42103-7002		Transaction ID : SA11.340412
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Occupation SELF-EMPLOYED PHYSICIAN		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL 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 51 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. KEVIN T. FLAHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1206 HIGHLAND PARK BLVD
 City WAUSAU State WI Zip Code 54403-5087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EYE CLINIC OF WI Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340402
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

B. DR. LUTHER L. FRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 E WALNUT ST
 City GARDEN CITY State KS Zip Code 67846-5572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FRY EYE ASSOCIATES Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340394
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. MR. WILLIAM H. FUNK II
 Full Name (Last, First, Middle Initial)
 Mailing Address 290 MOOREBOROUGH LN
 City BOWLING GREEN State KY Zip Code 42103-9783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation DENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340411
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 52 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. EDWARD P. HOROVITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 20101 SW BIRCH ST
 STE 110
 City NEWPORT BEACH State CA Zip Code 92660-1749
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5200.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340386
 Amount of Each Receipt this Period 5200.00
 CONTRIBUTION

B. MRS. CATHY HOWARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9851 NASHVILLE RD
 City BOWLING GREEN State KY Zip Code 42101-8710
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340432
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. MR. ALI JAHANGIRI
 Full Name (Last, First, Middle Initial)
 Mailing Address 96 DISCOVERY
 City IRVINE State CA Zip Code 92618-3105
 Name of Employer EB5 INVESTORS Occupation PRESIDENT & C.E.O.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340389
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 11200.00
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 53 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. MR. ERIC K. KARICH
Full Name (Last, First, Middle Initial)

Mailing Address 20 CRESTVIEW

City ALISO VIEJO State CA Zip Code 92656-1818

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

Name of Employer KARICH & ASSOCIATES Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11.340392

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. DR. ALAN E. KIMURA
Full Name (Last, First, Middle Initial)

Mailing Address 1590 LITTLE RAVEN ST UNIT 607

City DENVER State CO Zip Code 80202-6183

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11.340404

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. DR. ROBERT T. KING
Full Name (Last, First, Middle Initial)

Mailing Address 4 S ROCKWELL AVE

City SAVANNAH State GA Zip Code 31419-3018

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

Name of Employer GEORGIA EYE INSTITUTE OF SOUTHEAST S Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11.340395

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 54 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. JULIE S. LEE
Full Name (Last, First, Middle Initial)

Mailing Address 5812 GLEN PARK RD

City LOUISVILLE State KY Zip Code 40222-5979

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

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
 11 / 03 / 2014
Transaction ID : SA11.340407

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. MRS. TINA MAURO
Full Name (Last, First, Middle Initial)

Mailing Address 620 CONGRESS AVE STE 200

City AUSTIN State TX Zip Code 78701-3229

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11.340390

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

C. DR. THOMAS J. MCPHEE
Full Name (Last, First, Middle Initial)

Mailing Address 8320 E ASTER DR

City SCOTTSDALE State AZ Zip Code 85260-5236

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11.340399

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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 55 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. MRS. CATHERINE MILLER O'HARA		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014
Mailing Address 127 VIA UNDINE		Transaction ID : SA11.340382
City NEWPORT BEACH	State CA	Zip Code 92663-5514
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. DR. JEFFREY T. MORGAN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014
Mailing Address 1724 ROCKINGHAM AVE STE 203		Transaction ID : SA11.340418
City BOWLING GREEN	State KY	Zip Code 42104-5841
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SELF-EMPLOYED	Occupation DENTIST	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. DR. LAWRENCE V. NAJARIAN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 925		Transaction ID : SA11.340400
City FAR HILLS	State NJ	Zip Code 07931-0925
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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: PAGE 56 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MS. MARY CONLY NESTLERODE
 Full Name (Last, First, Middle Initial)
 Mailing Address 26191 ROYMOR DR
 City CALABASAS State CA Zip Code 91302-1045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340380
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

B. MRS. ANITA NIU PAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 WOODLAND RD
 City NEWTOWN State PA Zip Code 18940-2909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340406
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. MR. SEAN PARKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 LYTTON AVE STE 200
 City PALO ALTO State CA Zip Code 94301-1430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APERCEN PARTNERS, LLC Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7600.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340448
 Amount of Each Receipt this Period 7600.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 8850.00
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: PAGE 57 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. H. HARRIS PEPPER JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1466 MOUNT AYR CIR
 City State Zip Code
 BOWLING GREEN KY 42103-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 REYNOLDS JOHNSTON HINTON & PEPPER ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11.340447
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. MR. KIRK PIERCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2903 EWING BEND DR
 City State Zip Code
 BOWLING GREEN KY 42103-7944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FRANKLIN BANK & TRUST COMPANY BANKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11.340424
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. MRS. ALEXANDRA L. REHMEIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 25611 ELM BANK DR
 City State Zip Code
 LAGUNA HILLS CA 92653-7515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 THE BOEING COMPANY IP LICENSING AND PATENT SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11.340381
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 58 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. MRS. DIANA RICHERT
Full Name (Last, First, Middle Initial)

Mailing Address 15 GLEN ABBEY ST

City ABILENE State TX Zip Code 79606-5023

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

Name of Employer DR. H. MILLER RICHERT, M.D. Occupation OFFICE MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340409

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B. MR. TOM ROBINSON
Full Name (Last, First, Middle Initial)

Mailing Address 204 KINGS PL

City NEWPORT BEACH State CA Zip Code 92663-5705

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

Name of Employer MTC COMMERCIAL Occupation REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5300.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340391

Amount of Each Receipt this Period 5300.00

CONTRIBUTION

C. MR. ADAM R. SALIS
Full Name (Last, First, Middle Initial)

Mailing Address 23708 CASTLE ROCK

City MISSION VIEJO State CA Zip Code 92692-1899

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

Name of Employer MARATT, PHELPS & PHILLIPS, L.L.P. Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340383

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6050.00

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:	PAGE 59 OF 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. PAUL L. SANDERFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 TALBOTT DR
 City BOWLING GREEN State KY Zip Code 42103-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation REALTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340425
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. W. BEVIS SCHOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 7777 BONHOMME AVE STE 1300
 City SAINT LOUIS State MO Zip Code 63105-1972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340379
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. MR. DAVID A. SEARS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1850 EWING FORD RD
 City BOWLING GREEN State KY Zip Code 42103-7917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CENTER OF INSURANCE Occupation OWNER/AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340416
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 60 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. MR. MICHAEL W. SIEMENS
Full Name (Last, First, Middle Initial)

Mailing Address 1437 EUCLID AVE

City BOWLING GREEN State KY Zip Code 42103-2455

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

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
 11 / 03 / 2014
Transaction ID : SA11.340426

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. MR. MICHAEL L. SIMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 2110 NASHVILLE RD

City BOWLING GREEN State KY Zip Code 42101-3849

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

Name of Employer CHANDLER PROPERTY MANAGEMENT Occupation OWNER/PRESIDENT

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
 11 / 03 / 2014
Transaction ID : SA11.340430

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. MRS. JEANNE C. SINQUEFIELD
Full Name (Last, First, Middle Initial)

Mailing Address 244 BENT WALNUT LN

City WESTPHALIA State MO Zip Code 65085-2022

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11.340378

Amount of Each Receipt this Period
 10200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	11450.00
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 61 OF 85
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	<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)
RAND PAUL VICTORY COMMITTEE

A. MR. REX A. SINQUEFIELD
Full Name (Last, First, Middle Initial)

Mailing Address 244 BENT WALNUT LN

City WESTPHALIA State MO Zip Code 65085-2022

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10200.00

Date of Receipt
11 / 03 / 2014
Transaction ID : SA11.340377

Amount of Each Receipt this Period
10200.00

CONTRIBUTION

B. MR. TRENT B. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 3211 E 15TH ST

City NEWPORT BEACH State CA Zip Code 92663-4201

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 03 / 2014
Transaction ID : SA11.340384

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. DR. JOHN R. STECHSCHULTE
Full Name (Last, First, Middle Initial)

Mailing Address 1200 BRITTANY LN

City COLUMBUS State OH Zip Code 43220-4074

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 03 / 2014
Transaction ID : SA11.340397

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 10700.00

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 62 OF 85
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	<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)
RAND PAUL VICTORY COMMITTEE

A. MR. LAWRENCE L. THOMAS
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 5923

City BALBOA ISLAND State CA Zip Code 92662-5923

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

Name of Employer IRVINE COMPANY Occupation CORPORATE COMMUNICATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340387

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B. MR. THOMAS TODD
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 206

City SOMERSET State KY Zip Code 42502-0206

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340421

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C. DR. MICHAEL T. TRESE
Full Name (Last, First, Middle Initial)

Mailing Address 3535 W 13 MILE RD STE 344

City ROYAL OAK State MI Zip Code 48073-6770

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

Name of Employer ASSOCIATED RETINAL CONSULTANTS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340410

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 63 OF 85
<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)
RAND PAUL VICTORY COMMITTEE

A. DR. RICHARD J. WIESEMANN
Full Name (Last, First, Middle Initial)

Mailing Address 894 FRED LIVELY RD

City BOWLING GREEN State KY Zip Code 42104-7424

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

Name of Employer SELF-EMPLOYED Occupation RADIOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340413

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. MR. RICK WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 910 KENSINGTON WAY

City BOWLING GREEN State KY Zip Code 42103-0922

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

Name of Employer BB&T BANK Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340437

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. GHOST MANAGEMENT GROUP, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 41 DISCOVERY

City IRVINE State CA Zip Code 92618-3150

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.340367

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

SUBTOTAL of Receipts This Page (optional)..... ▶ 5750.00

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 64 OF 85
<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)
RAND PAUL VICTORY COMMITTEE

A. GHOST MANAGEMENT GROUP, LLC
Full Name (Last, First, Middle Initial)
Mailing Address 41 DISCOVERY

City IRVINE	State CA	Zip Code 92618-3150
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
11 / 03 / 2014
Transaction ID : SA11.340368

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

B. TRUMBO FARMS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 767

City SIMPSONVILLE	State KY	Zip Code 40067-0767
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 03 / 2014
Transaction ID : SA11.340369

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SEE ATTRIBUTION

C. MR. LEX ADAMS
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 19696

City RENO	State NV	Zip Code 89511-2404
--------------	-------------	------------------------

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

Name of Employer RW GROUP	Occupation PHYSICIAN
------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 11 / 2014
Transaction ID : SA11.351389

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 65 OF 85
<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)
RAND PAUL VICTORY COMMITTEE

A. MRS. DAWN C. BUCKINGHAM
Full Name (Last, First, Middle Initial)

Mailing Address 404 HURST CREEK RD

City LAKEWAY State TX Zip Code 78734-3463

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

Name of Employer EYE PHYSICIANS OF AUSTIN Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2014
Transaction ID : SA11.351395

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. DR. JOHN B. COX
Full Name (Last, First, Middle Initial)

Mailing Address 2620 TRAILWAY RD SE

City HUNTSVILLE State AL Zip Code 35801-1474

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2014
Transaction ID : SA11.351397

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C. MS. AGATHA C. D'AMBRA
Full Name (Last, First, Middle Initial)

Mailing Address 30 PLAID PL

City CLIFTON PARK State NY Zip Code 12065-3656

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

Name of Employer SELF-EMPLOYED Occupation EQUESTRIAN RIDER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 11 / 2014
Transaction ID : SA11.351403

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6250.00

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 66 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. MR. GEOFFREY T. D'AMBRA
Full Name (Last, First, Middle Initial)

Mailing Address 370 RIVERVIEW RD

City REXFORD State NY Zip Code 12148-1428

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

Name of Employer TAC LLC Occupation ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 11 / 2014
Transaction ID : SA11.351402

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

B. MR. VINCENT A. DERAMO
Full Name (Last, First, Middle Initial)

Mailing Address 170 SUSSEX DR

City MANHASSET State NY Zip Code 11030-3737

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

Name of Employer LONG ISLAND RETINA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2014
Transaction ID : SA11.351405

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C. MR. ROBERT G. FLEENOR
Full Name (Last, First, Middle Initial)

Mailing Address 225 CHERRY WAY

City BOWLING GREEN State KY Zip Code 42101-2813

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

Name of Employer SELF-EMPLOYED Occupation CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2014
Transaction ID : SA11.351393

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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 67 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. MR. G. BRADFORD JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 AVE OF STARS
 STE 400
 City LOS ANGELES State CA Zip Code 90067-4317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RED POINT VENTURES Occupation PARTNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **11 / 11 / 2014**
Transaction ID : SA11.351399
 Amount of Each Receipt this Period **2000.00**
 CONTRIBUTION

B. DR. BENJAMIN MACKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1704 KY 3442
 City BARBOURVILLE State KY Zip Code 40906-7554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MACKEY VISION CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 11 / 2014**
Transaction ID : SA11.351391
 Amount of Each Receipt this Period **1000.00**
 CONTRIBUTION

C. MR. MICHAEL W. NEWTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S HEWITT RD
 City BOWLING GREEN State KY Zip Code 42103-8773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEWTON FINANCIAL GROUP LLC Occupation FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 11 / 2014**
Transaction ID : SA11.351392
 Amount of Each Receipt this Period **500.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **3500.00**
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 68 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. MR. KEVIN W. O'CONNOR
Full Name (Last, First, Middle Initial)

Mailing Address 20 PINE TREE LN

City ALBANY State NY Zip Code 12208-1604

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

Name of Employer ALBANY MOLECULAR RESEARCH Occupation DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2014
Transaction ID : SA11.351401

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

B. DR. NORMAN D. RADTKE
Full Name (Last, First, Middle Initial)

Mailing Address 12 OVERBROOK RD

City LOUISVILLE State KY Zip Code 40207-1334

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

Name of Employer EYECARE CONSULTANTS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2014
Transaction ID : SA11.351390

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C. MR. CRAIG C. STAHL
Full Name (Last, First, Middle Initial)

Mailing Address 2410 S FORD AVE

City BOWLING GREEN State KY Zip Code 42103-7955

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

Name of Employer AMERICAN BANK & TRUST Occupation SENIOR VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 11 / 2014
Transaction ID : SA11.351394

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 69 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. DR. HARRY C. STEPHENSON
Full Name (Last, First, Middle Initial)

Mailing Address 7807 CEDAR RIDGE CT

City PROSPECT State KY Zip Code 40059-9492

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

Name of Employer STEPHENSON EYE CENTER Occupation PHYSICIAN

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
 11 / 11 / 2014

Transaction ID : SA11.351404

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. MR. CHRISTIAN VOLKERT
Full Name (Last, First, Middle Initial)

Mailing Address 1425 MOUNT AYR CIR

City BOWLING GREEN State KY Zip Code 42103-4708

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

Name of Employer VAN METER INSURANCE Occupation PRODUCER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2014

Transaction ID : SA11.351400

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. MRS. KIMBERLY WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 9544 CLOVER LEAF LN

City FISHERS State IN Zip Code 46038-8287

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

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
 11 / 11 / 2014

Transaction ID : SA11.351406

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 70 OF 85
	<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)
RAND PAUL VICTORY COMMITTEE

A. MR. SCOTT R. WITHERSPOON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2705 WATERFORD DR
 City IRVING State TX Zip Code 75063-3189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : SA11.351398
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. DR. WILLIAM J. WOOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3005 BRYAN STATION RD
 City LEXINGTON State KY Zip Code 40516-9609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETINA ASSOCIATES OF KY PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : SA11.351396
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. MR. JASON G. YUDZEVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 TRICE DRIVE
 City CLIFTON PARK State NY Zip Code 12065-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED REAL ESTATE INVESTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : SA11.351408
 Amount of Each Receipt this Period
 1000.00
 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: PAGE 71 OF 85
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. CURTIS HAGEDORN
Full Name (Last, First, Middle Initial)
Mailing Address 4560 MONTVIEW BLVD
City DENVER State CO Zip Code 80207-3744
FEC ID number of contributing federal political committee. **C**
Name of Employer CRA Occupation OPHTHALMOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2014
Transaction ID : SA11.351430
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	196400.00

**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 72 OF 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. ACADEMY OF NUTRITION & DIETETICS PAC

Mailing Address 1120 CONNECTICUT AVE NW
STE 480

City WASHINGTON State DC Zip Code 20036-3989

FEC ID number of contributing federal political committee. **C C00143560**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 03 / 2014
Transaction ID : SA11.340370

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. AMBULATORY SURGERY CENTER ASSOCIATION PAC

Mailing Address 1012 CAMERON ST

City ALEXANDRIA State VA Zip Code 22314-2427

FEC ID number of contributing federal political committee. **C C00424788**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 03 / 2014
Transaction ID : SA11.340371

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 1726 M ST NW
STE 501

City WASHINGTON State DC Zip Code 20036-4522

FEC ID number of contributing federal political committee. **C C00196089**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 03 / 2014
Transaction ID : SA11.340372

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 924 BROADWAY AVE., #KY3-1000

City BOWLING GREEN State KY Zip Code 42101-2566

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2014

Transaction ID : SB21B.I7088

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. ARISTEIA GROUP, INC.

Mailing Address 1020 N. FAIRFAX ST., STE. 201

City ALEXANDRIA State VA Zip Code 22314-1537

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B.I6977

Amount of Each Disbursement this Period

5431.54

Full Name (Last, First, Middle Initial)

C. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE STREET

City NEWPORT State KY Zip Code 41071-2006

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B.I6975

Amount of Each Disbursement this Period

2137.89

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

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

7619.43

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 924 BROADWAY AVE., #KY3-1000

City BOWLING GREEN State KY Zip Code 42101-2566

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SB21B.I7089

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. LIBERTY PHONE CENTER, INC.

Mailing Address P.O. BOX 8265

City SPRINGFIELD State VA Zip Code 22151-8265

Purpose of Disbursement
POSTAGE/PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SB21B.I6976

Amount of Each Disbursement this Period

378.85

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Mailing Address 1601 WILLOW ROAD

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SB21B.I7090

Amount of Each Disbursement this Period

65.50

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

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

459.35

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1601 WILLOW ROAD

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2014			

Transaction ID : SB21B.I7091

Amount of Each Disbursement this Period

30.28

Full Name (Last, First, Middle Initial)

B. FACEBOOK

Mailing Address 1601 WILLOW ROAD

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2014			

Transaction ID : SB21B.I7093

Amount of Each Disbursement this Period

263.88

Full Name (Last, First, Middle Initial)

C. GLOBAL ROSE

Mailing Address 7225 NW 25TH ST

City MIAMI State FL Zip Code 33122

Purpose of Disbursement
FLOWER EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2014			

Transaction ID : SB21B.I7092

Amount of Each Disbursement this Period

243.00

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

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

537.16

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 512 MEANS STREET NW

City ATLANTA State GA Zip Code 30318-5798

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B.I7098

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. KENTUCKY MUSIC CO

Mailing Address 2034 RUSSELLVILLE ROAD

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : SB21B.I7099

Amount of Each Disbursement this Period

848.00

Full Name (Last, First, Middle Initial)

C. ABOVE ALL CHARTERS LLC

Mailing Address 128 VINCEWOOD DR

City NICHOLASVILLE State KY Zip Code 40356-9342

Purpose of Disbursement
TRANSPORTATION SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : SB21B.I7106

Amount of Each Disbursement this Period

945.00

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

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

1943.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. HOBBY LOBBY

Mailing Address 7707 S.W. 44TH STREET
SUITE 10

City OKLAHOMA CITY State OK Zip Code 73179-3357

Purpose of Disbursement
FUNDRAISER EVENT DECORATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : SB21B.I7102

Amount of Each Disbursement this Period

154.91

B. HOBBY LOBBY

Mailing Address 7707 S.W. 44TH STREET
SUITE 10

City OKLAHOMA CITY State OK Zip Code 73179-3357

Purpose of Disbursement
FUNDRAISER EVENT DECORATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : SB21B.I7104

Amount of Each Disbursement this Period

111.06

C. UNITED PACKAGE LIQUOR

Mailing Address 1405 VETERANS MEMORIAL LN

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Transaction ID : SB21B.I7100

Amount of Each Disbursement this Period

349.77

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

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

615.74

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. WAL-MART

Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716-6209

Purpose of Disbursement
FUNDRAISER EVENT DECORATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SB21B.I7101

Amount of Each Disbursement this Period

416.75

Full Name (Last, First, Middle Initial)

B. HYATT HOTELS

Mailing Address 71 S WACKER DRIVE

City CHICAGO State IL Zip Code 60606-4637

Purpose of Disbursement
CATERING/FACILITY RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SB21B.I7282

Amount of Each Disbursement this Period

8253.00

Full Name (Last, First, Middle Initial)

C. EVENTBRITE

Mailing Address 651 BRANNAN STREET
SUITE 110

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SB21B.I7279

Amount of Each Disbursement this Period

1590.40

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

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

10260.15

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. UNCLE JACK'S STEAKHOUSE

Mailing Address 44 W 56TH ST

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2014

Transaction ID : SB21B.I7283

Amount of Each Disbursement this Period

1970.64

Full Name (Last, First, Middle Initial)

B. JOHN FARRACE

Mailing Address 10824 LINDBROOK DRIVE APT. 202

City LOS ANGELES State CA Zip Code 90024

Purpose of Disbursement
GRAPHIC DESIGN CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.I7245

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

C. ARISTEIA GROUP, INC.

Mailing Address 1020 N. FAIRFAX ST., STE. 201

City ALEXANDRIA State VA Zip Code 22314-1537

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.I7242

Amount of Each Disbursement this Period

4987.56

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

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

7218.20

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA ENTRY SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 28 / 2014

Transaction ID : SB21B.I7243

Amount of Each Disbursement this Period

1708.72

Full Name (Last, First, Middle Initial)

B. KENTUCKY MUSIC CO

Mailing Address 2034 RUSSELLVILLE ROAD

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement
STAGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 28 / 2014

Transaction ID : SB21B.I7284

Amount of Each Disbursement this Period

106.00

Full Name (Last, First, Middle Initial)

C. MID QUEST GRAPHICS

Mailing Address 1820 W CARSON ST #333

City TORRANCE State CA Zip Code 90501

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 28 / 2014

Transaction ID : SB21B.I7255

Amount of Each Disbursement this Period

389.00

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

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

2203.72

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. RIDGEWELLS CATERING

Mailing Address 5525 DORSEY LANE

City BETHESDA State MD Zip Code 20816

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.I7246

Amount of Each Disbursement this Period

2282.84

Full Name (Last, First, Middle Initial)

B. THOMPSON CATERING & SPECIAL EVENTS

Mailing Address 121 HUD ROAD

City WINCHESTER State KY Zip Code 40391

Purpose of Disbursement
CATERING/EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.I7244

Amount of Each Disbursement this Period

12467.36

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105-3727

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.I7280

Amount of Each Disbursement this Period

1309.86

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

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

16060.06

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 924 BROADWAY AVE., #KY3-1000

City BOWLING GREEN State KY Zip Code 42101-2566

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.I7266

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. FACEBOOK

Mailing Address 1601 WILLOW ROAD

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.I7267

Amount of Each Disbursement this Period

102.46

Full Name (Last, First, Middle Initial)

C. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE STREET

City NEWPORT State KY Zip Code 41071-2006

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : SB21B.I7258

Amount of Each Disbursement this Period

2044.78

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

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

2197.24

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : **SB21B.I7259**

Amount of Each Disbursement this Period

1658.72

Full Name (Last, First, Middle Initial)

B. KENTUCKY MUSIC CO

Mailing Address 2034 RUSSELLVILLE ROAD

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement
PERSONNEL SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : **SB21B.I7260**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 512 MEANS STREET NW

City ATLANTA State GA Zip Code 30318-5798

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : **SB21B.I7265**

Amount of Each Disbursement this Period

150.00

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

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

2008.72

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MINUTEMAN PRESS

Mailing Address 555/STE 1 NEW JERSEY AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : SB21B.I7264

Amount of Each Disbursement this Period

2303.13

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 924 BROADWAY AVE., #KY3-1000

City BOWLING GREEN State KY Zip Code 42101-2566

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.I7262

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. SABER COMMUNICATIONS, INC.

Mailing Address 101 WASHINGTON ST

City FALMOUTH State VA Zip Code 22405-2361

Purpose of Disbursement
PRINTING/POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.I7263

Amount of Each Disbursement this Period

8830.27

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

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

11158.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MINUTEMAN PRESS

Mailing Address 555/STE 1 NEW JERSEY AVE NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2014

Transaction ID : **SB21B.I7261**

Amount of Each Disbursement this Period

1219.21

Full Name (Last, First, Middle Initial)

B. DUDLEY'S ON SHORT

Mailing Address 259 W SHORT ST

City LEXINGTON State KY Zip Code 40507

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : **SB21B.I7272**

Amount of Each Disbursement this Period

680.18

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105-3727

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : **SB21B.I7281**

Amount of Each Disbursement this Period

29.30

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

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

1928.69

64209.86