

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
RAND PAUL VICTORY COMMITTEE

ADDRESS (number and street) PO BOX 72190
NEWPORT KY 41072

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00545848 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[] April 15 Quarterly Report (Q1)
[X] July 15 Quarterly Report (Q2)
[] October 15 Quarterly Report (Q3)
[] January 31 Year-End Report (YE)
[] July 31 Mid-Year Report (Non-election Year Only) (MY)
[] Termination Report (TER)
(b) Monthly Report Due On:
[] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11) (Non-Election Year Only)
[] Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) (Non-Election Year Only)
[] Apr 20 (M4) [] Jul 20 (M7) [] Oct 20 (M10) [] Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
[] Primary (12P) [] General (12G) [] Runoff (12R)
[] Convention (12C) [] Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
[] General (30G) [] Runoff (30R) [] Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 30 / 2014

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

Type or Print Name of Treasurer KEVIN BROGHAMER

Signature of Treasurer KEVIN BROGHAMER [Electronically Filed] Date 09 / 03 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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="113910.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="259420.00"/>	<input type="text" value="518143.36"/>
(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="373330.00"/>	<input type="text" value="523803.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="313107.51"/>	<input type="text" value="463580.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="60222.49"/>	<input type="text" value="60222.49"/>
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

Write or Type Committee Name

RAND PAUL VICTORY COMMITTEE

Report Covering the Period: From: 04 / 01 / 2014 To: 06 / 30 / 2014

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).....	242950.00	476153.20
(ii) Unitemized	220.00	4640.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	243170.00	480793.36
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	16250.00	37350.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	259420.00	518143.36
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	259420.00	518143.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	259420.00	518143.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	40368.62	66304.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	40368.62	66304.36
22. Transfers to Affiliated/Other Party Committees.....	272738.89	394676.51
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	0.00	2600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2600.00
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)) ..	313107.51	463580.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	313107.51	463580.87

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)	259420.00	518143.36
34. Total Contribution Refunds (from Line 28(d))	0.00	2600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	259420.00	515543.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	40368.62	66304.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40368.62	66304.36

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 88
	<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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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

Full Name (Last, First, Middle Initial) A. MR. THOMAS ABELL		Date of Receipt MM / DD / YYYY 05 / 09 / 2014 Transaction ID : SA11.1165
Mailing Address 1201 FOUR PINES COURT		Amount of Each Receipt this Period 250.00
City LEXINGTON State KY Zip Code 40502-2970	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer ABELL EYES 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) B. MR. RICARDO B. AKSTEIN		Date of Receipt MM / DD / YYYY 05 / 09 / 2014 Transaction ID : SA11.1152
Mailing Address P.O. BOX 52759		Amount of Each Receipt this Period 250.00
City ATLANTA State GA Zip Code 30355-0759	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer AKSTEIN EYE CENTER Occupation PHYSICIAN 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. MR. CARL A. ALLEN		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 Transaction ID : SA11.1284
Mailing Address 1648 DIPLOMAT DRIVE		Amount of Each Receipt this Period 5000.00
City CARROLLTON State TX Zip Code 75006-6847	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer HERITAGE BAG COMPANY Occupation PRESIDENT/CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

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 7 OF 88
	(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. ROBERT ARNOTT
Full Name (Last, First, Middle Initial)

Mailing Address 411 AVOCADO AVE.

City	State	Zip Code
CORONA DEL MAR	CA	92625-1917

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

Name of Employer	Occupation
RESEARCH AFFILIATES	CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11.1131

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

B. FOUAD V. ATALLA
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2070

City	State	Zip Code
BOWLING GREEN	KY	42102-2070

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

Name of Employer	Occupation
ATALLA PLASTIC SURGERY CENTER	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2014

Transaction ID : SA11.1281

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. MR. MATTHEW J. BAKER
Full Name (Last, First, Middle Initial)

Mailing Address 911 COLLEGE STREET, SUITE 200

City	State	Zip Code
BOWLING GREEN	KY	42101-2183

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

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2014

Transaction ID : SA11.1207

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	7200.00
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 88
(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. MR. ROBERT BARNES

Mailing Address 802 WILDWOOD COURT

City State Zip Code
OAK BROOK IL 60523-1522

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11.1154

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DR. JEFFREY M. BARON

Mailing Address 5301 E GRANT RD

City State Zip Code
TUCSON AZ 85712-2805

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

Name of Employer Occupation
SELF-EMPLOYED ORTHOPAEDIC SPINE SURGEON

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
 06 / 12 / 2014
Transaction ID : SA11.1267

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. NANCY BEESLEY

Mailing Address 701 BRAZOS STREET, SUITE 1100

City State Zip Code
AUSTIN TX 78701-3232

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

Name of Employer Occupation
H.C.B. HEALTH ADVERTISING EXECUTIVE

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
 04 / 21 / 2014
Transaction ID : SA11.1137

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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 9 OF 88
(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. MONTY J. BENNETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 14185 DALLAS PKWY, STE. 1100
 City State Zip Code
 DALLAS TX 75254-1319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASHFORD HOSPITALITY TRUST C.E.O.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11.1269
 Amount of Each Receipt this Period
 5200.00
 CONTRIBUTION

B. TARUN BHARGAVA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1923 N. WEBB ROAD
 City State Zip Code
 WICHITA KS 67206-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED ORTHOPAEDIC SURGEON
 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
 06 / 12 / 2014
Transaction ID : SA11.1276
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. MR. WILLIAM BOND
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 S. 14TH STREET
 City State Zip Code
 PEKIN IL 61554-5073
 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
 05 / 09 / 2014
Transaction ID : SA11.1164
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6450.00
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 10 OF 88
(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. KEVIN C. BOOTH M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1078 S. WEDGEWOOD RD
 City SAN RAMON State CA Zip Code 94582-5823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N.C.S.I. Occupation ORTHOPAEDIC SURGEON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8200.00

Date of Receipt 04 / 21 / 2014
Transaction ID : SA11.1132
 Amount of Each Receipt this Period 3000.00
 CONTRIBUTION

B. MRS. BETH S. BORDERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 938 PARKWAY STREET
 City BOWLING GREEN State KY Zip Code 42101-2355
 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 ▼ 1000.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11.1227
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. DR. BARBARA BOWERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6440 ST. ANDREWS DRIVE
 City PADUCAH State KY Zip Code 42001-8751
 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 ▼ 3000.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11.1226
 Amount of Each Receipt this Period 3000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00
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 11 OF 88
(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. MRS. LAURA BOWRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 273 STONE BLUFF LN
 City ALVATON State KY Zip Code 42122-9721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MERRILL LYNCH Occupation FINANCIAL ADVISOR, WEALTH MGMT
 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
 05 / 09 / 2014
Transaction ID : SA11.1187
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. DR. RICHARD E. BRAUNSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 BELMONT DRIVE WEST
 City ROSLYN HEIGHTS State NY Zip Code 11577-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHSHORE HEALTH SYSTEM Occupation 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
 04 / 21 / 2014
Transaction ID : SA11.1121
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. MR. TROY L. BROOKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 805A DENZIL AVENUE
 City BOWLING GREEN State KY Zip Code 42104-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LAURUS STRATEGIES Occupation SENIOR CONSULTANT
 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
 05 / 27 / 2014
Transaction ID : SA11.1222
 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: PAGE 12 OF 88
(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

Full Name (Last, First, Middle Initial)
A. DR. BETH BRYANT

Mailing Address 1528 CABELL DRIVE

City State Zip Code
BOWLING GREEN KY 42104-3114

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

Name of Employer Occupation
GGC PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 27 / 2014
Transaction ID : SA11.1251

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. ELLEN D. BUCHANON

Mailing Address 801 HUNTINGTON STREET

City State Zip Code
BOWLING GREEN KY 42103-6239

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

Name of Employer Occupation
DEEMER FLORAL CO., INC. RETAIL FLORIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 27 / 2014
Transaction ID : SA11.1234

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. MICHAEL O. BUCHANON

Mailing Address 801 HUNTINGTON STREET

City State Zip Code
BOWLING GREEN KY 42103-6239

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

Name of Employer Occupation
WARREN CO. GOV'T WARREN JUDGE EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 27 / 2014
Transaction ID : SA11.1253

Amount of Each Receipt this Period
500.00

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 13 OF 88
(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 BURNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 PEPPERBUSH ROAD
 City LOUISVILLE State KY Zip Code 40207-5707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STRATEGIC HEALTHCARE GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11.1119
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. DR. CAROLYN BURNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 PEPPERBUSH ROAD
 City LOUISVILLE State KY Zip Code 40207-5707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STRATEGIC HEALTHCARE GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11.1179
 Amount of Each Receipt this Period
 3000.00
 CONTRIBUTION

C. DR. FRANK R. BURNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 PEPPERBUSH ROAD
 City LOUISVILLE State KY Zip Code 40207-5707
 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 ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11.1124
 Amount of Each Receipt this Period
 250.00
 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: PAGE 14 OF 88
(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. THOMAS W. BURNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 INDIGO WAY
 City State Zip Code
 DANA POINT CA 92629-2988
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GLAUKOS CORPORATION PRESIDENT
 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
 05 / 09 / 2014
Transaction ID : SA11.1151
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. DR. PAUL BURTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 W. LUGONIA AVENUE, STE. 120
 City State Zip Code
 REDLANDS CA 92374-9704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ARROWHEAD ORTHOPAEDICS ORTHOPEDIC SURGEON
 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
 06 / 23 / 2014
Transaction ID : SA11.1290
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. CHARLES CAGNON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 156486
 City State Zip Code
 SAN FRANCISCO CA 94115-6486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED INVESTOR
 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
 04 / 21 / 2014
Transaction ID : SA11.1095
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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: PAGE 15 OF 88
(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. MRS. NAVADA V. CAMPBELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 258 GREENVIEW WAY
 City BOWLING GREEN State KY Zip Code 42103-8724
 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 ▼ 1000.00

Date of Receipt: 05 / 27 / 2014
Transaction ID : SA11.1250
 Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

B. MR. JOHN F. CAREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 WHITE PINE CIRCLE
 City EAST SANDWICH State MA Zip Code 02537-1508
 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 ▼ 500.00

Date of Receipt: 05 / 09 / 2014
Transaction ID : SA11.1204
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

C. MR. CLINT CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 MCKINNEY AVENUE, SUITE 1600
 City DALLAS State TX Zip Code 75201-2171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **CARLSON CAPITAL** Occupation: **FOUNDING PARTNER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 06 / 30 / 2014
Transaction ID : SA11.1307
 Amount of Each Receipt this Period: 2000.00
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: PAGE 16 OF 88
(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. MR. ASHLEY S. CHANCE

Mailing Address 135 MASON RD

City MASON State OH Zip Code 45040-1644

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

Name of Employer ECO-DEVELOPMENT Occupation PARTNER: ECO DEVELOPMENT

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
 05 / 27 / 2014
Transaction ID : SA11.1215

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DR. BENNETT CHOTINER

Mailing Address 4100 LINGLESTOWN ROAD

City HARRISBURG State PA Zip Code 17112-1071

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

Name of Employer PENNSYLVANIA EYE ASSOCIATES, LTD. Occupation OPHTHALMOLOGIST

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
 05 / 09 / 2014
Transaction ID : SA11.1153

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. ERIC CHOTINER

Mailing Address 2297 FOREST LANE

City HARRISBURG State PA Zip Code 17112-1008

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

Name of Employer MEMORIAL EYE INSTITUTE Occupation 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
 05 / 09 / 2014
Transaction ID : SA11.1163

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 17 OF 88
	<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. JODI E. CHU
Full Name (Last, First, Middle Initial)

Mailing Address 9117 LYNDALE AVENUE S.

City BLOOMINGTON State MN Zip Code 55420-3522

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

Name of Employer CHU VISION INSTITUTE Occupation CHIEF BUSINESS OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2014
Transaction ID : SA11.1099

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. DR. Y. RALPH CHU
Full Name (Last, First, Middle Initial)

Mailing Address 9117 LYNDALE AVENUE S.

City BLOOMINGTON State MN Zip Code 55420-3522

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

Name of Employer CHU VISION INSTITUTE Occupation OPHTHALMOLOGIST/OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2014
Transaction ID : SA11.1106

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C. MR. SPENCER ALLEN COATES
Full Name (Last, First, Middle Initial)

Mailing Address 225 STONE MEADOWS LN

City BOWLING GREEN State KY Zip Code 42103-7823

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

Name of Employer HOUCHENS INDUSTRIES, INC. Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 04 / 21 / 2014
Transaction ID : SA11.1134

Amount of Each Receipt this Period 3000.00

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 18 OF 88
<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. BRUCE H. COHEN
Full Name (Last, First, Middle Initial)
Mailing Address 1155 CONWYCK LANE

City SAINT LOUIS	State MO	Zip Code 63131-2630
---------------------	-------------	------------------------

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

Name of Employer COHEN EYE ASSOCIATES, LTD.	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2014

Transaction ID : SA11.1169

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. DR. THAD F. CONNALLY JR., M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 1397 OVERLOOK LANE

City BOWLING GREEN	State KY	Zip Code 42103-7812
-----------------------	-------------	------------------------

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 ▼
3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		09		2014

Transaction ID : SA11.1180

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

C. MR. JEROME D. COYNE
Full Name (Last, First, Middle Initial)
Mailing Address 7825 W. 400 N.

City MICHIGAN CITY	State IN	Zip Code 46360-2909
-----------------------	-------------	------------------------

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

M M	/	D D	/	Y Y Y Y
05		09		2014

Transaction ID : SA11.1190

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 88
	<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. ALAN CRANDALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1043 N. EAST CAPITOL BLVD.
 City SALT LAKE CITY State UT Zip Code 84103-2243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF UTAH, MORAN EYE CENTER Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 09 / 2014**
Transaction ID : SA11.1166
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

B. MRS. SUSAN CROWLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 SE FIRST STREET
 City EVANSVILLE State IN Zip Code 47713-1004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TIMOTHY M. CROWLEY, M.D. Occupation REGISTERED NURSE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 21 / 2014**
Transaction ID : SA11.1129
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

C. DR. TIMOTHY M. CROWLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 SE FIRST STREET
 City EVANSVILLE State IN Zip Code 47713-1004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation MEDICAL DOCTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 21 / 2014**
Transaction ID : SA11.1130
 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 20 OF 88
(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. STEPHEN CURTIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5810 N. MOCCASIN TRAIL
 City TUCSON State AZ Zip Code 85750-0801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TOT Occupation MEDICAL DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 06 / 12 / 2014
Transaction ID : SA11.1268
 Amount of Each Receipt this Period 2600.00
 CONTRIBUTION

B. MR. STEVEN HENRY DEWEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1423 NORTH TEJON STREET
 City COLORADO SPRINGS State CO Zip Code 80907-7436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COLORADO SPRINGS HEALTH PARTNERS Occupation PHYSICIAN/OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2014
Transaction ID : SA11.1156
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. MR. JOHN DICKERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3223 N. WEBB ROAD
 City WICHITA State KS Zip Code 67226-8175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation NEUROSURGEON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 12 / 2014
Transaction ID : SA11.1280
 Amount of Each Receipt this Period 1000.00
 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 21 OF 88
	<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 DINEHART
Full Name (Last, First, Middle Initial)

Mailing Address 28 CHIMNEY SWEEP LANE

City LITTLE ROCK State AR Zip Code 72212-2083

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 06 / 12 / 2014
Transaction ID : SA11.1279

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

B. DR. ROBERT B. DUVAL
Full Name (Last, First, Middle Initial)

Mailing Address 314 S. MCELWAIN ROAD

City BOWLING GREEN State KY Zip Code 42101-7405

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

Name of Employer WARNER'S Occupation OPTOMETRIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11.1235

Amount of Each Receipt this Period 1500.00

CONTRIBUTION

C. MS. ANNE DWYER
Full Name (Last, First, Middle Initial)

Mailing Address 3900 LA HACIENDA NE

City ALBUQUERQUE State NM Zip Code 87110-6118

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

Name of Employer EYE ASSOCIATES OF NEW MEXICO Occupation OPHTHALMIC TECHNICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2014
Transaction ID : SA11.1103

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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 22 OF 88
	<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	

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. KIRK A. FEE
Full Name (Last, First, Middle Initial)

Mailing Address 3 CHESTNUT HILL COURT

City BOWLING GREEN State KY Zip Code 42103-7002

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
 05 / 27 / 2014
Transaction ID : SA11.1242

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

B. MR. BRET FISHER
Full Name (Last, First, Middle Initial)

Mailing Address 2500 M.L.K. JR. BLVD.

City PANAMA CITY State FL Zip Code 32405-4412

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

Name of Employer EYE CENTER OF NORTH FLORIDA 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
 04 / 21 / 2014
Transaction ID : SA11.1105

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. MRS. KATIE FISHER
Full Name (Last, First, Middle Initial)

Mailing Address 2500 M.L.K. JR. BLVD.

City PANAMA CITY State FL Zip Code 32405-4412

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

Name of Employer ANCIENT OAKS FARM Occupation HORSE BREEDER

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
 04 / 21 / 2014
Transaction ID : SA11.1097

Amount of Each Receipt this Period
 250.00

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: PAGE 23 OF 88
(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. MR. GARY D. FORCE

Mailing Address 150 BLUE HERON COURT

City State Zip Code
BOWLING GREEN KY 42103-7910

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

Name of Employer Occupation
GARY FORCE HONDA OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11.1184

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. RONALD D. FORD

Mailing Address 1637 OLD SPRINGFIELD ROAD

City State Zip Code
WOODBURN KY 42170-8611

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11.1201

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. SANDY FRANKLIN

Mailing Address 1740 GREENVIEW LANE

City State Zip Code
BOWLING GREEN KY 42103-1349

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11.1246

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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 24 OF 88
(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. DR. ASAD D. FRASER

Mailing Address 1317 OVERLOOK LANE

City State Zip Code
BOWLING GREEN KY 42103-7812

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

Name of Employer Occupation
GRAVES GILBERT CLINIC 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
 05 / 27 / 2014
Transaction ID : SA11.1231

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. ARDIS FRY

Mailing Address 1614 BLUFF STREET

City State Zip Code
GARDEN CITY KS 67846-3507

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

Name of Employer Occupation
FRY EYE ASSOCIATES REGISTERED NURSE

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
 04 / 21 / 2014
Transaction ID : SA11.1144

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. LUTHER L. FRY

Mailing Address 1614 BLUFF STREET

City State Zip Code
GARDEN CITY KS 67846-3507

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

Name of Employer Occupation
FRY EYE ASSOCIATES 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
 04 / 21 / 2014
Transaction ID : SA11.1146

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 25 OF 88
	<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. MS. LORIE GAILLARD
Full Name (Last, First, Middle Initial)

Mailing Address 17203 STILLWOOD LN

City State Zip Code
FAIRHOPE AL 36532-5245

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

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

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
05 / 27 / 2014
Transaction ID : SA11.1221

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. MS. COURTNEY GEDULDIG
Full Name (Last, First, Middle Initial)

Mailing Address 1423 SPRING VALE AVENUE

City State Zip Code
MCLEAN VA 22101-3528

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

Name of Employer Occupation
MCGRAW HILL FINANCIAL VICE PRESIDENT, REGULATORY POLICY

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
06 / 30 / 2014
Transaction ID : SA11.1302

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. MR. JIMMIE P. GIPSON
Full Name (Last, First, Middle Initial)

Mailing Address 8375 CEMETERY ROAD

City State Zip Code
BOWLING GREEN KY 42103-9717

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

Name of Employer Occupation
HOUCHENS INDUSTRIES C.E.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2014
Transaction ID : SA11.1135

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 26 OF 88
<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. JACK G. GLASSER
Full Name (Last, First, Middle Initial)

Mailing Address 696 OLD SCOTTSVILLE ROAD

City BOWLING GREEN	State KY	Zip Code 42103-7005
-----------------------	-------------	------------------------

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
 05 / 27 / 2014
Transaction ID : SA11.1245

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. DR. ROBERT A. GOODWIN M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1417 DRAKES RIDGE LANE

City BOWLING GREEN	State KY	Zip Code 42103-7805
-----------------------	-------------	------------------------

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 ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11.1183

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

C. MRS. ARLENE GRANT
Full Name (Last, First, Middle Initial)

Mailing Address 5725 W. LAS POSITAS BLVD., STE. 20

City PLEASANTON	State CA	Zip Code 94588-4007
--------------------	-------------	------------------------

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

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

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
 05 / 09 / 2014
Transaction ID : SA11.1175

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	4750.00
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 88
	<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. JOSEPH M. GRANT
Full Name (Last, First, Middle Initial)

Mailing Address 5725 W. LAS POSITAS BLVD., STE. 20

City	State	Zip Code
PLEASANTON	CA	94588-4007

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

Name of Employer	Occupation
NORTHERN CALIFORNIA SPINE INSTITUTE	ORTHOPEdic SPINE

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
 05 / 09 / 2014

Transaction ID : SA11.1176

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

B. MR. RICHARD B. GREEN
Full Name (Last, First, Middle Initial)

Mailing Address 22 VILLAGE ROAD

City	State	Zip Code
PEPPERELL	MA	01463-1181

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

Name of Employer	Occupation
1A AUTO INC.	PRESIDENT

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
 05 / 09 / 2014

Transaction ID : SA11.1205

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

C. MS. SARAH GLENN GRISE
Full Name (Last, First, Middle Initial)

Mailing Address 1720 SINGLETREE COURT

City	State	Zip Code
BOWLING GREEN	KY	42103-1500

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

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

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
 05 / 09 / 2014

Transaction ID : SA11.1196

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6100.00
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 88
	(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. JAMES E. HAYNES
Full Name (Last, First, Middle Initial)

Mailing Address 4730 BOWLING BLVD.

City LOUISVILLE State KY Zip Code 40207-5141

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

Name of Employer BLUE GRASS AUTOMOTIVE, INC. Occupation AUTOMOBILE DEALER

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
 05 / 09 / 2014

Transaction ID : SA11.1194

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. MR. CHARLES M. HERRON
Full Name (Last, First, Middle Initial)

Mailing Address 1223 KINGS RD

City MORGANTOWN State WV Zip Code 26508-9155

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 ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : SA11.1094

Amount of Each Receipt this Period
 -50.00

CONTRIBUTION

CHECK RETURNED BY BANK

C. MR. FRED M. HIGGINS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 90011

City BOWLING GREEN State KY Zip Code 42102-9011

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

Name of Employer GIRKIN DEVELOPMENT, LLC Occupation SENIOR MANAGEMENT

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
 05 / 09 / 2014

Transaction ID : SA11.1209

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2450.00
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 88
	(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. J. B. HOLLAND
Full Name (Last, First, Middle Initial)

Mailing Address 199 TONY AVENUE

City BOWLING GREEN State KY Zip Code 42103-9786

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 ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11.1178

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

B. MR. GAIL E. HOPKINS II
Full Name (Last, First, Middle Initial)

Mailing Address 1901 W. LUGONIA AVENUE, STE. 120

City REDLANDS State CA Zip Code 92374-9704

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

Name of Employer ARROWHEAD ORTHOPAEDICS Occupation ORTHOPAEDIC SURGEON

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
 06 / 12 / 2014

Transaction ID : SA11.1277

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. DR. GARY HOWERTON M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 2011 NASHVILLE ROAD

City BOWLING GREEN State KY Zip Code 42101-3846

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

Name of Employer SELF-EMPLOYED Occupation ACUPUNCTURIST

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
 05 / 27 / 2014

Transaction ID : SA11.1244

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 30 OF 88
<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. MR. DONALD B. HUFFINES
Full Name (Last, First, Middle Initial)
Mailing Address 8200 DOUGLAS AVE., STE. 300

City DALLAS	State TX	Zip Code 75225-0002
----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE
-----------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2014

Transaction ID : SA11.1285

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

B. MR. PHILLIP W. HUFFINES
Full Name (Last, First, Middle Initial)
Mailing Address 8200 DOUGLAS AVE., STE. 300

City DALLAS	State TX	Zip Code 75225-0015
----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE
-----------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2014

Transaction ID : SA11.1287

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

C. MR. PHILLIP W. HUFFINES
Full Name (Last, First, Middle Initial)
Mailing Address 8200 DOUGLAS AVE., STE. 300

City DALLAS	State TX	Zip Code 75225-0015
----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE
-----------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2014

Transaction ID : SA11.1288

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

SEE REATTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	20400.00
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 31 OF 88
(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. MRS. HOLLY HUFFINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 DOUGLAS AVE., STE. 300
 City DALLAS State TX Zip Code 75225-0015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2014
Transaction ID : SA11.1309
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

B. MR. PHILLIP W. HUFFINES
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 DOUGLAS AVE., STE. 300
 City DALLAS State TX Zip Code 75225-0015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED REAL ESTATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2014
Transaction ID : SA11.1288B
 Amount of Each Receipt this Period
 -200.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

C. MR. GEORGE R. IRELAND
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 131
 City FISHERS ISLAND State NY Zip Code 06390-0131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF
 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
 05 / 27 / 2014
Transaction ID : SA11.1217
 Amount of Each Receipt this Period
 500.00
 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 32 OF 88
	<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. DAVID JASKA
Full Name (Last, First, Middle Initial)

Mailing Address 282 GREENVIEW WAY

City BOWLING GREEN State KY Zip Code 42103-8724

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

Name of Employer JASKA MANAGEMENT INC. Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11.1243

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B. MR. JIM JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 350 LAKESIDE WAY PENTHOUSE

City BOWLING GREEN State KY Zip Code 42103-8755

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

Name of Employer JIM JOHNSON NISSAN HYUNDAI Occupation AUTO DEALER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11.1232

Amount of Each Receipt this Period 3000.00

CONTRIBUTION

C. MRS. VICKI R. KEEN
Full Name (Last, First, Middle Initial)

Mailing Address 481 N. STRATA VIA WAY

City BOISE State ID Zip Code 83712-6730

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 06 / 30 / 2014
Transaction ID : SA11.1306

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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 33 OF 88
	(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. MRS. DIONA KELLY
Full Name (Last, First, Middle Initial)

Mailing Address 310 GREENVIEW WAY

City BOWLING GREEN State KY Zip Code 42103-8767

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 ▼ **1000.00**

Date of Receipt: **05 / 09 / 2014**

Transaction ID : SA11.1192

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

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

Mailing Address P.O. BOX 9547

City BOWLING GREEN State KY Zip Code 42102-9547

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

Name of Employer: **KERRICK BACHERT STIVERS** Occupation: **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **05 / 27 / 2014**

Transaction ID : SA11.1229

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

C. MR. WES KIMBELL
Full Name (Last, First, Middle Initial)

Mailing Address 2119 DE MILO DRIVE

City HOUSTON State TX Zip Code 77018-1706

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

Name of Employer: **ASI** Occupation: **SALES**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **06 / 26 / 2014**

Transaction ID : SA11.1291

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 34 OF 88
	<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. DAN KIRBY
Full Name (Last, First, Middle Initial)

Mailing Address 101 SOUTH PHILLIPS AVENUE

City State Zip Code
SIOUX FALLS SD 57104-6735

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

Name of Employer Occupation
KIRBY FINANCIAL BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014
Transaction ID : SA11.1304

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. DR. ALICIA A. KNEE
Full Name (Last, First, Middle Initial)

Mailing Address 60 MOORING ROAD

City State Zip Code
SAN RAFAEL CA 94901-3515

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

Name of Employer Occupation
SELF-EMPLOYED PODIATRIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2014
Transaction ID : SA11.1265

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. MR. RICHARD KNOCK
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 710

City State Zip Code
UNION KY 41091-0710

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

Name of Employer Occupation
KNOCK INDUSTRIES CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2014
Transaction ID : SA11.1218

Amount of Each Receipt this Period
3500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	4800.00
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 35 OF 88
(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. COLMAN R. KRAFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 E. WASHINGTON STREET, SUITE 606
 City State Zip Code
 CHICAGO IL 60602-1731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KRAFF EYE INSTITUTE 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
 04 / 21 / 2014
Transaction ID : SA11.1120
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. MR. STEPHEN C. LARKIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 COVINGTON GROVE BLVD
 City State Zip Code
 BOWLING GREEN KY 42104-4663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BAYOU CITY EXPLORATION, INC. EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11.1216
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. DR. MARK ANTHONY LATINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 POND MEADOW DRIVE, #203
 City State Zip Code
 READING MA 01867-3261
 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
 04 / 21 / 2014
Transaction ID : SA11.1123
 Amount of Each Receipt this Period
 250.00
 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:	PAGE 36 OF 88
	(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 LEACH

Mailing Address 2500 WEST A. STREET

City MOSCOW State ID Zip Code 83843-6000

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

Name of Employer CLEARVIEW EYE CLINIC 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
 05 / 09 / 2014

Transaction ID : SA11.1155

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. ROBERT LEPO

Mailing Address 532 MORNINGHOME ROAD

City DANVILLE State CA Zip Code 94526-3612

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

Name of Employer SELF-EMPLOYED Occupation VENTURE CAPITALIST

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
 06 / 27 / 2014

Transaction ID : SA11.1292

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. MARK LESHER

Mailing Address 8201 GOLF COURSE ROAD NW #296

City ALBUQUERQUE State NM Zip Code 87120-5842

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

Name of Employer EYE ASSOCIATES OF NEW MEXICO 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
 04 / 21 / 2014

Transaction ID : SA11.1110

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 37 OF 88
	<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. ERIC M. LINDVALL
Full Name (Last, First, Middle Initial)

Mailing Address 14209 ACADEMY OAKS LANE

City CLOVIS State CA Zip Code 93619-9779

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

Name of Employer SELF-EMPLOYED Occupation ORTHOPAEDIST

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
 06 / 12 / 2014

Transaction ID : SA11.1261

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. DR. PETER A. LOOBY
Full Name (Last, First, Middle Initial)

Mailing Address 5021 S. OLD YANKTON PLACE

City SIOUX FALLS State SD Zip Code 57108-2637

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

Name of Employer ORTHOPEDIC INSTITUTE Occupation ORTHOPAEDIC SURGEON

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
 06 / 12 / 2014

Transaction ID : SA11.1266

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. MRS. JOLENE J. LOVETT
Full Name (Last, First, Middle Initial)

Mailing Address 1677 OLD GREENHILL ROAD

City BOWLING GREEN State KY Zip Code 42103-9073

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

Name of Employer BOWLING GREEN MEDICAL CLINIC Occupation BUSINESS MANAGER

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
 05 / 27 / 2014

Transaction ID : SA11.1248

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 88
<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. DAVID J. LUDWICK
Full Name (Last, First, Middle Initial)

Mailing Address 3272 MUIRFIELD DRIVE

City CHAMBERSBURG State PA Zip Code 17202-8165

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

Name of Employer LUDWICK EYE CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11.1252

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B. DR. GREGG A. MALMQUIST
Full Name (Last, First, Middle Initial)

Mailing Address 524 RIVERGREEN LANE

City BOWLING GREEN State KY Zip Code 42103-8782

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

Name of Employer WESTERN KENTUCKY ORTHOPAEDIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 05 / 09 / 2014
Transaction ID : SA11.1182

Amount of Each Receipt this Period 3000.00

CONTRIBUTION

C. DR. CARLOS MANRIQUE
Full Name (Last, First, Middle Initial)

Mailing Address 5605 N. 5TH STREET

City MCALLEN State TX Zip Code 78504-2732

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

Name of Employer MANRIQUE CUSTOM VISION Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 21 / 2014
Transaction ID : SA11.1127

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 88
	<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. HERIBERTO MANRIQUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1803 SEBASTIAN STREET
 City MISSION State TX Zip Code 78572-8357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MANRIQUE CUSTOM VISION Occupation ADMINISTRATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 21 / 2014**
Transaction ID : SA11.1104
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

B. MR. JAMES A. MARTENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 924 SMITH COURT
 City BOWLING GREEN State KY Zip Code 42103-2438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation REAL ESTATE INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt **05 / 09 / 2014**
Transaction ID : SA11.1188
 Amount of Each Receipt this Period **3000.00**
 CONTRIBUTION

C. MR. MICHAEL B. MASTERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 243 LEICESTER ROAD
 City KENILWORTH State IL Zip Code 60043-1244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE MASTERSON CO., INC. Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 09 / 2014**
Transaction ID : SA11.1173
 Amount of Each Receipt this Period **1000.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **4250.00**
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 88
(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. DR. JAMES MATIKO

Mailing Address 1901 W. LUGONIA AVENUE
SUITE 120

City State Zip Code
REDLANDS CA 92374-9704

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

Name of Employer Occupation
ARROWHEAD ORTHOPAEDICS ORTHOPAEDIC SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11.1263

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DR. WILLIAM ANDREW MAXWELL

Mailing Address 1427 E. STARPASS

City State Zip Code
FRESNO CA 93730-3446

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 ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11.1148

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. JOHN S. MCCOLLOUGH

Mailing Address 311 TRACY LANE

City State Zip Code
VICTORIA TX 77904-1523

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

Name of Employer Occupation
SOUTH TEXAS EYE CENTER OPTOMETRIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11.1170

Amount of Each Receipt this Period
250.00

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 41 OF 88
<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. BART E. MCCRORY

Mailing Address P.O. BOX 2925

City MOBILE State AL Zip Code 36652-2925

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

Name of Employer BALDWIN TRANSFER CO., INC. Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11.1223

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. JUNE MCWHORTER

Mailing Address 3523 CEMETERY ROAD

City BOWLING GREEN State KY Zip Code 42103-9063

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 ▼ 1000.00

Date of Receipt 05 / 09 / 2014
Transaction ID : SA11.1193

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. BRYAN S. MICK

Mailing Address 11422 MIRACLE HILLS DRIVE STE. 401

City OMAHA State NE Zip Code 68154-4420

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

Name of Employer MICK ASSOCIATES PC Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2014
Transaction ID : SA11.1294

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 42 OF 88
	<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. MR. PAUL MOORE

Mailing Address 1620 SHERWOOD DRIVE

City	State	Zip Code
BOWLING GREEN	KY	42103-1438

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

Transaction ID : SA11.1213

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DR. DAVID S. MURPHY

Mailing Address P.O. BOX 10490

City	State	Zip Code
RUSSELLVILLE	AR	72812-0490

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

Name of Employer	Occupation
RUSSELLVILLE EYE CLINIC, P.A.	OPHTHALMOLGOIST

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
05	/	09	/	2014

Transaction ID : SA11.1162

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. JOE NATCHER

Mailing Address 395 ST. JOSEPH LANE

City	State	Zip Code
BOWLING GREEN	KY	42103-6519

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

Name of Employer	Occupation
SELF-EMPLOYED	INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2014

Transaction ID : SA11.1197

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5250.00
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 43 OF 88
(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. MR. PHILIP J. NAZZARO

Mailing Address 6 BAY ROAD
UNIT 9

City State Zip Code
NEWMARKET NH 03857-1729

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

Name of Employer Occupation
TEACH FOR AMERICA LEARNING AND DEVELOPMENT

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
 06 / 30 / 2014
Transaction ID : SA11.1295

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. STACY NEWSOM

Mailing Address 16726 VALSECA DE AVILA

City State Zip Code
TAMPA FL 33613-1094

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

Name of Employer Occupation
NEWSOM EYE & LASER CENTER, INC. C.F.O.

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
 04 / 21 / 2014
Transaction ID : SA11.1109

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. THOMAS HUNTER NEWSOM

Mailing Address 16726 VALSECA DE AVILA

City State Zip Code
TAMPA FL 33613-1094

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

Name of Employer Occupation
NEWSOM EYE & LASER CENTER, INC. 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
 04 / 21 / 2014
Transaction ID : SA11.1125

Amount of Each Receipt this Period
500.00

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 44 OF 88
(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. DR. MARCUS PATTON M.D.

Mailing Address 933 SMITH COURT

City State Zip Code
BOWLING GREEN KY 42103-2437

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

Name of Employer Occupation
BOWLING GREEN ANESTHESIOLOGY 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
 05 / 09 / 2014
Transaction ID : SA11.1186

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. MARIANNE L. PATTON

Mailing Address 1083 RIVERGREEN LANE

City State Zip Code
BOWLING GREEN KY 42103-8771

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

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
 05 / 09 / 2014
Transaction ID : SA11.1199

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. PORTIA B. PENNINGTON

Mailing Address 2309 H. E. JOHNSON ROAD

City State Zip Code
BOWLING GREEN KY 42103-8434

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11.1238

Amount of Each Receipt this Period
3000.00

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: PAGE 45 OF 88
(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. MATTHEW PEREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 WABASH AVENUE
 City State Zip Code
 LINWOOD NJ 08221-1935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HORIZON EYE CARE OPHTHALMOLOGIST
 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
 04 / 21 / 2014
Transaction ID : SA11.1102
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. DR. HENRY D. PERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 LONGWOOD ROAD
 City State Zip Code
 SANDS POINT NY 11050-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 D.C.L.I. 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
 04 / 21 / 2014
Transaction ID : SA11.1112
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. MRS. BETTINA PINKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 COTS STREET
 City State Zip Code
 SHELTON CT 06484-3866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JAMES R. PINKE, M.D., P.C. PRACTICE ADMINISTRATOR
 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
 04 / 21 / 2014
Transaction ID : SA11.1114
 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: PAGE 46 OF 88
(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. DR. JAMES PINKE

Mailing Address 9 COTS STREET

City State Zip Code
SHELTON CT 06484-3866

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

Name of Employer Occupation
JAMES R. PINKE, M.D., P.C. PHYSICIAN

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
 04 / 21 / 2014
Transaction ID : SA11.1126

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. JENNIFER PORTER

Mailing Address 1125 HUNTS LANE

City State Zip Code
BOWLING GREEN KY 42103-8413

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11.1189

Amount of Each Receipt this Period
3000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. LENORA H. PUSTA

Mailing Address 138 W SUNFLOWER DRIVE

City State Zip Code
PAYSON AZ 85541-6152

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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11.1293

Amount of Each Receipt this Period
100.00

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 47 OF 88
(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. MR. EDWARD W. RABIN
Mailing Address 800 S POINTE DR APT 1103
City State Zip Code
MIAMI BEACH FL 33139-7169
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 ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2014
Transaction ID : SA11.1206
Amount of Each Receipt this Period
1000.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DR. DOUGLAS J. RHEE
Mailing Address 6376 WOODBURY DRIVE
City State Zip Code
SOLON OH 44139-3234
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UNIVERSITY EYE INSTITUTE CHAIR
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
04 / 21 / 2014
Transaction ID : SA11.1100
Amount of Each Receipt this Period
250.00
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. DAVID B. RICHARDS
Mailing Address 8 CHESTNUT HILL COURT
City State Zip Code
BOWLING GREEN KY 42103-7014
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
WESTERN KENTUCKY ORTHOPEDIC 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
06 / 12 / 2014
Transaction ID : SA11.1264
Amount of Each Receipt this Period
1500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
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 48 OF 88
	<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. WILLIAM LARKIN RITTER
Full Name (Last, First, Middle Initial)

Mailing Address 1530 CHENOWETH CIRCLE

City BOWLING GREEN State KY Zip Code 42104-6354

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

Name of Employer SCOTT & RITTER Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11.1305

Amount of Each Receipt this Period
 7600.00

CONTRIBUTION

B. RONI ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 898 POPPY COURT

City OAKDALE State CA Zip Code 95361-8917

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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11.1191

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. DR. KENNETH J. ROSENTHAL
Full Name (Last, First, Middle Initial)

Mailing Address 4 WHITE PINE LANE

City GREAT NECK State NY Zip Code 11023-1704

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

Name of Employer ROSENTHAL EYE SURGERY 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
 04 / 23 / 2014
Transaction ID : SA11.1147

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	9600.00
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 88
	<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. ROGER ROYSE
Full Name (Last, First, Middle Initial)

Mailing Address 1717 EMBARCADERO ROAD

City	State	Zip Code
PALO ALTO	CA	94303-3357

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

Name of Employer	Occupation
ROYSE LAW FIRM	ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	21	/	2014

Transaction ID : SA11.1142

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. MR. FRANK MAX SALINGER
Full Name (Last, First, Middle Initial)

Mailing Address 2031 HAVERFORD DRIVE

City	State	Zip Code
CROWNSVILLE	MD	21032-2222

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

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2014

Transaction ID : SA11.1278

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. DR. THOMAS W. SAMUELSON
Full Name (Last, First, Middle Initial)

Mailing Address 4700 OLD KENT ROAD

City	State	Zip Code
DEEPHAVEN	MN	55331-9398

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

Name of Employer	Occupation
MINNESOTA EYE CONSULTANTS	ATTENDING SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	21	/	2014

Transaction ID : SA11.1116

Amount of Each Receipt this Period
500.00

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 50 OF 88
	<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. CHARLES SCIOLARO
Full Name (Last, First, Middle Initial)

Mailing Address 3109 WEST 118TH ST

City LEAWOOD State KS Zip Code 66211-3059

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

Name of Employer KANSAS HEART AND LUNG SURGERY Occupation CARDIOTHORACIC SURGEON

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2014
Transaction ID : SA11.1297

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B. MS. VICKI SCIOLARO
Full Name (Last, First, Middle Initial)

Mailing Address 3109 WEST 118TH ST

City LEAWOOD State KS Zip Code 66211-3059

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 06 / 30 / 2014
Transaction ID : SA11.1296

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. MR. DON SEBASTIANI SR.
Full Name (Last, First, Middle Initial)

Mailing Address 35 MAPLE STREET

City SONOMA State CA Zip Code 95476-7014

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

Name of Employer DUKE & DUKE Occupation BUSINESS CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6916.12

Date of Receipt 05 / 09 / 2014
Transaction ID : SA11.1172

Amount of Each Receipt this Period 5416.12

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6416.12

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 51 OF 88
	(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. NANCY SEBASTIANI

Mailing Address **PO BOX 1423**

City **SONOMA** State **CA** Zip Code **95476-1423**

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

Name of Employer **DON SEBASTIANI & SONS** Occupation **SECRETARY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4583.88**

Date of Receipt **06 / 30 / 2014**

Transaction ID : SA11.1311

Amount of Each Receipt this Period **4583.88**

CONTRIBUTION

IN-KIND: CATERING/FACILITY RENTAL

Full Name (Last, First, Middle Initial)
B. MR. LENN GENE SELLERS JR.

Mailing Address **12515 OVERCUP DRIVE**

City **HOUSTON** State **TX** Zip Code **77024-4915**

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 ▼ **2600.00**

Date of Receipt **06 / 30 / 2014**

Transaction ID : SA11.1298

Amount of Each Receipt this Period **2600.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. AMI N. SHETH

Mailing Address **284 LAKESIDE WAY**

City **BOWLING GREEN** State **KY** Zip Code **42103-8723**

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 ▼ **1500.00**

Date of Receipt **05 / 27 / 2014**

Transaction ID : SA11.1249

Amount of Each Receipt this Period **1500.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **8683.88**

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 52 OF 88
(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. B. ALAN SIMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 KENSINGTON WAY
 City State Zip Code
 BOWLING GREEN KY 42103-0923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PIERCE, SIMPSON & SHADOAN 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
 05 / 27 / 2014
Transaction ID : SA11.1254
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. MRS. MICHELLE CANGEMI SIMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 KENSINGTON WAY
 City State Zip Code
 BOWLING GREEN KY 42103-0923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 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
 05 / 27 / 2014
Transaction ID : SA11.1241
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. MR. SCOTT SIMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 W. CENTER STREET
 City State Zip Code
 KAYSVILLE UT 84037-1945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UTAH LEAGUE OF CREDIT UNIONS PRESIDENT/CEO
 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
 06 / 23 / 2014
Transaction ID : SA11.1283
 Amount of Each Receipt this Period
 500.00
 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 53 OF 88
(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. MRS. STACEY S. SIMS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2060 QUAIL RUN ROAD
 City BOWLING GREEN State KY Zip Code 42104-3831
 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 ▼ 1500.00

Date of Receipt: 05 / 27 / 2014
Transaction ID : SA11.1228
 Amount of Each Receipt this Period: 1500.00
 CONTRIBUTION

B. DR. JOHN SKUBIC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 W. LUGONIA AVENUE SUITE 120
 City REDLANDS State CA Zip Code 92374-9704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **ARROWHEAD ORTHOPAEDICS** Occupation: **ORTHOPAEDIC SURGEON**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 12 / 2014
Transaction ID : SA11.1260
 Amount of Each Receipt this Period: 1000.00
 CONTRIBUTION

C. DR. BRIAN D. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 BURR RIDGE CLUB DRIVE
 City BURR RIDGE State IL Zip Code 60527-5210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **SMITH-PERRY EYE CENTER** Occupation: **OPHTHALMOLOGIST**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 09 / 2014
Transaction ID : SA11.1167
 Amount of Each Receipt this Period: 500.00
 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: PAGE 54 OF 88
(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. MRS. MARY C. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1321 CARDINAL WAY
 City State Zip Code
 BOWLING GREEN KY 42103-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 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
 05 / 09 / 2014
Transaction ID : SA11.1202
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. DR. CHRISTOPHER E. STARR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 YORK AVENUE
 City State Zip Code
 NEW YORK NY 10021-5663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WEILL CORNELL MEDICAL COLLEGE 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
 04 / 21 / 2014
Transaction ID : SA11.1138
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. DR. JOHN STEINMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 W. LUGONIA AVENUE
 SUITE 120
 City State Zip Code
 REDLANDS CA 92374-9704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ARROWHEAD ORTHOPAEDICS ORTHOPAEDIC SURGEON
 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
 06 / 12 / 2014
Transaction ID : SA11.1262
 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 55 OF 88
	(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. BUSTER STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 2137 GLEN LILY ROAD

City BOWLING GREEN State KY Zip Code 42101-9409

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

Name of Employer STEWART RICHEY Occupation CONSTRUCTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11.1220

Amount of Each Receipt this Period 3000.00

CONTRIBUTION

B. MR. JONATHAN MARK STICKLAND
Full Name (Last, First, Middle Initial)

Mailing Address 629 EVERGREEN DRIVE

City HURST State TX Zip Code 76054-2009

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

Name of Employer JMS OPERATING COMPANY Occupation OIL & GAS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 23 / 2014
Transaction ID : SA11.1286

Amount of Each Receipt this Period 1500.00

CONTRIBUTION

C. MR. JONATHAN SPENCE STICKLAND
Full Name (Last, First, Middle Initial)

Mailing Address 621 MONETTE DR

City BEDFORD State TX Zip Code 76022-7427

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 27 / 2014
Transaction ID : SA11.1289

Amount of Each Receipt this Period 1000.00

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 56 OF 88
(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. MR. SPENCER STOKES

Mailing Address 4259 SKYLINE DRIVE

City State Zip Code
OGDEN UT 84403-3253

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

Name of Employer Occupation
STOKES STRATEGIES GOVERNMENT RELATIONS

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
 06 / 23 / 2014
Transaction ID : SA11.1282

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. BRYAN STONE

Mailing Address 8129 WOOD FERN DRIVE

City State Zip Code
COLUMBUS GA 31909-2056

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

Name of Employer Occupation
COLUMBUS GOURMET, INC. CEO AND PRESIDENT

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
 06 / 12 / 2014
Transaction ID : SA11.1270

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. ROBERT DOYLE STULTING

Mailing Address 1104 PINE HEIGHTS DRIVE

City State Zip Code
ATLANTA GA 30324-2837

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

Name of Employer Occupation
WOOLFSON EYE INSTITUTE PHYSICIAN

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
 04 / 21 / 2014
Transaction ID : SA11.1122

Amount of Each Receipt this Period
500.00

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: PAGE 57 OF 88
(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. DR. NANCY A. TANCHEL

Mailing Address 8020 KIDWELL HILL COURT

City State Zip Code
VIENNA VA 22182-3972

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

Name of Employer Occupation
THE EYE INSTITUTE, INC. EYE SURGEON

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
 05 / 09 / 2014
Transaction ID : SA11.1168

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 414 OLD MORGANTOWN ROAD

City State Zip Code
BOWLING GREEN KY 42101-2842

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

Name of Employer Occupation
TAPP MEDICAL CLINIC 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
 05 / 27 / 2014
Transaction ID : SA11.1219

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. LARRY C. TOMLINSON JR.

Mailing Address P.O. BOX 284

City State Zip Code
FAIRHOPE AL 36533-0284

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

Name of Employer Occupation
BALDWIN TRANSFER CO INC TRANSPORTATION EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11.1224

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4250.00

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 58 OF 88
(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. MICHAEL D. TOMLINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1231
 City State Zip Code
 POINT CLEAR AL 36564-1231
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : SA11.1225
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. LESLIE K. TUTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 COVINGTON GROVE BLVD.
 City State Zip Code
 BOWLING GREEN KY 42104-4663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GRAVES GILBERT CLINIC RADIOLOGIST
 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
 05 / 27 / 2014
Transaction ID : SA11.1230
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. MR. RICHARD E. UHLEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1396 N. WAUKEGAN ROAD
 City State Zip Code
 LAKE FOREST IL 60045-1147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ULINE CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11.1136
 Amount of Each Receipt this Period
 5200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7200.00
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 59 OF 88
	<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. KATHLEEN VAN VALKENBURG
Full Name (Last, First, Middle Initial)

Mailing Address 520 FRANKLIN AVENUE

City GARDEN CITY State NY Zip Code 11530-5806

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

Name of Employer MINEOLA OPHTHALMOLOGY 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
 04 / 21 / 2014

Transaction ID : SA11.1115

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. MR. T. MICHAEL VAUGHN
Full Name (Last, First, Middle Initial)

Mailing Address 700 HARROW LANE

City FRANKLIN State TN Zip Code 37064-4221

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

Name of Employer VBP, INC. Occupation BUSINESS OWNER

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
 05 / 09 / 2014

Transaction ID : SA11.1198

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. MR. DAMON S. VITALE
Full Name (Last, First, Middle Initial)

Mailing Address 2063 QUAIL RUN DRIVE

City BOWLING GREEN State KY Zip Code 42104-3830

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

Name of Employer MANCHESTER CAPITAL, L.L.C. Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11.1208

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
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 88
	<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. JAMES D. VON MAUR SR.
Full Name (Last, First, Middle Initial)

Mailing Address 6565 BRADY STREET

City DAVENPORT State IA Zip Code 52806-2052

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

Name of Employer VON MAUR Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2014
Transaction ID : SA11.1303

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

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

Mailing Address 35 BAYSIDE DRIVE

City MADISON State WI Zip Code 53704-5901

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

Name of Employer DEAN HEALTH SYSTEMS Occupation OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2014
Transaction ID : SA11.1101

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C. MR. ROBERT K. WARNER
Full Name (Last, First, Middle Initial)

Mailing Address 704 ROCHESTER LN

City SOUTHLAKE State TX Zip Code 76092-4912

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

Name of Employer GENERAL DOLLAR Occupation MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 21 / 2014
Transaction ID : SA11.1133

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 61 OF 88
	<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. COL ROBERT L. WATSON MD (RET)
Full Name (Last, First, Middle Initial)

Mailing Address 1704 SINGLETREE WAY

City	State	Zip Code
BOWLING GREEN	KY	42103-1546

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

Name of Employer	Occupation
ANESTHESIA & PAIN SPECIALISTS	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11.1177

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

B. DR. ARTHUR J. WEINSTEIN
Full Name (Last, First, Middle Initial)

Mailing Address 900 AMHERST SE

City	State	Zip Code
ALBUQUERQUE	NM	87106-1537

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

Name of Employer	Occupation
EYE ASSOCIATES OF NEW MEXICO	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
 04 / 21 / 2014

Transaction ID : SA11.1111

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. MRS. ANNETTE P. WEIR
Full Name (Last, First, Middle Initial)

Mailing Address 9645 MIFLIN CREEK ROAD

City	State	Zip Code
ELBERTA	AL	36530-6574

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11.1141

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 62 OF 88
	(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. CLYDE B. WEIR

Mailing Address 9645 MIFLIN CREEK ROAD

City	State	Zip Code
ELBERTA	AL	36530-6574

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

Name of Employer	Occupation
SELF-EMPLOYED	SELF-EMPLOYED

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
04	/	21	/	2014

Transaction ID : SA11.1145

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. DARRON WHEAT

Mailing Address 1006 MONTCLAIR CT

City	State	Zip Code
BOWLING GREEN	KY	42103-6017

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

Name of Employer	Occupation
SCOTT & RITTER, INC.	UNDERGROUND UTILITY CONSTRUCTION

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
05	/	27	/	2014

Transaction ID : SA11.1237

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. JANICE A. WIERSON

Mailing Address 211 MARKDALE COURT

City	State	Zip Code
BOWLING GREEN	KY	42103-9781

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

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
05	/	27	/	2014

Transaction ID : SA11.1236

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 63 OF 88
(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. RICHARD J. WIESEMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 894 FRED LIVELY ROAD
 City State Zip Code
 BOWLING GREEN KY 42104-7424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED RADIOLOGIST
 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
 05 / 27 / 2014
Transaction ID : SA11.1247
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. MR. JOSEPH L. WILHELM
 Full Name (Last, First, Middle Initial)
 Mailing Address 884 PEBBLEBROOK
 City State Zip Code
 EAST LANSING MI 48823-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LANSING OPHTHALMOLOGY 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
 04 / 21 / 2014
Transaction ID : SA11.1139
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. MR. MITCHEL WONG
 Full Name (Last, First, Middle Initial)
 Mailing Address 1009 E. 40TH
 City State Zip Code
 AUSTIN TX 78751-4838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AUSTIN EYE CLINIC 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
 05 / 09 / 2014
Transaction ID : SA11.1160
 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: PAGE 64 OF 88
(check only one)

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. MRS. ROSE WONG

Mailing Address 1009 E. 40TH

City State Zip Code
AUSTIN TX 78751-4838

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

Name of Employer Occupation
AUSTIN EYE CLINIC ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2014

Transaction ID : SA11.1158

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DR. SHANNON WONG

Mailing Address 3838 HUNTERWOOD POINT

City State Zip Code
AUSTIN TX 78746-1304

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
MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SA11.1118

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. TREVOR WOODHAMS

Mailing Address 1140 HAMMOND DRIVE
BUILDING E, SUITE 5100

City State Zip Code
ATLANTA GA 30328-5338

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

Name of Employer Occupation
WOODHAMS EYE CLINIC OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2014

Transaction ID : SA11.1161

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 65 OF 88
<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. DARWIN WOOTEN
Full Name (Last, First, Middle Initial)
Mailing Address 33 COUNTY ROAD 713

City CORINTH	State MS	Zip Code 38834-7309
-----------------	-------------	------------------------

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

Name of Employer CROSSROADS EYE CENTER, L.L.C.	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
05		09		2014

Transaction ID : SA11.1159

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B. MRS. THERESA WOOTEN
Full Name (Last, First, Middle Initial)
Mailing Address 33 COUNTY ROAD 713

City CORINTH	State MS	Zip Code 38834-7309
-----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : SA11.1150

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. MRS. HELENE LINDA YEOMAN
Full Name (Last, First, Middle Initial)
Mailing Address 5319 OLD SCOTTSVILLE ROAD

City ALVATON	State KY	Zip Code 42122-9758
-----------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : SA11.1185

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 66 OF 88
	(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. ELIZABETH YEU
Full Name (Last, First, Middle Initial)

Mailing Address 1520 BANKBURY WAY

City CHESAPEAKE State VA Zip Code 23322-2396

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

Name of Employer VIRGINIA EYE CONSULTANTS Occupation OPHTHALMOLOGIST

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
 04 / 21 / 2014

Transaction ID : SA11.1117

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 1417 OVERLOOK COURT

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 ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11.1195

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

C. DR. JOSEPH J. ZAYDON JR., M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 720 2ND AVE., STE. 302

City BOWLING GREEN State KY Zip Code 42101-1778

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 / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11.1181

Amount of Each Receipt this Period
 1500.00

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 67 OF 88
	(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. ANSLEY COMPANY LLC

Mailing Address 330 WOODWARD WAY NW

City ATLANTA State GA Zip Code 30305-4080

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
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : SA11.876

Amount of Each Receipt this Period
 10000.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)
B. MR. WILLIAM BONNEAU ANSLEY III

Mailing Address 330 WOODWARD WAY NW

City ATLANTA State GA Zip Code 30305-4080

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

Name of Employer Occupation
 THE ANSLEY CO., L.L.C. OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2014
Transaction ID : SA11.1259

Amount of Each Receipt this Period
 10000.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION

Full Name (Last, First, Middle Initial)
C. ONE WAY SOLUTIONS, L.L.C.

Mailing Address 400 CENTRAL AVE., STE. 320

City NORTHFIELD State IL Zip Code 60093-3024

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

Name of Employer Occupation

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
 05 / 09 / 2014
Transaction ID : SA11.1210

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SEE ATTRIBUTION

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: PAGE 68 OF 88
(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. MR. BRIAN PIGOTT

Mailing Address 2067 NORFORK RD

City NORTHFIELD State IL Zip Code 60093-1122

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

Name of Employer ONE WAY SOLUTIONS, L.L.C. Occupation GENERAL MANAGER

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
 05 / 16 / 2014
Transaction ID : SA11.1214

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

**[MEMO ITEM]
SEE ATTRIBUTION**

Full Name (Last, First, Middle Initial)
B. ORTHO RESTORE, L.L.C.

Mailing Address 42135 10TH ST. W., STE. 101

City LANCASTER State CA Zip Code 93534-7095

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

Name of Employer Occupation

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
 06 / 12 / 2014
Transaction ID : SA11.1271

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

Full Name (Last, First, Middle Initial)
C. THE ALPHA PAGES, L.L.C.

Mailing Address 1501 ASBURY AVE.

City EVANSTON State IL Zip Code 60201-4110

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

Name of Employer Occupation

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
 05 / 09 / 2014
Transaction ID : SA11.1211

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

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 69 OF 88
(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. WILEY REIN LLP

Mailing Address 1776 K. STREET NW

City WASHINGTON State DC Zip Code 20006-2304

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
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11.1308

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	242950.00

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

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

FOR LINE NUMBER: PAGE 70 OF 88
(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. AMERICAN FINANCIAL SERVICES ASSOCIATION PAC

Mailing Address 919 18TH ST. NW, STE. 300

City State Zip Code
WASHINGTON DC 20006-5526

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11.1212

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. AMERICAN WHOLESALE MARKETERS ASSOCIATION, INC. PAC

Mailing Address 2750 PROSPERITY AVENUE, STE. 530

City State Zip Code
FAIRFAX VA 22031-4338

FEC ID number of contributing federal political committee. **C** C00174391

Name of Employer Occupation

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
 05 / 09 / 2014
Transaction ID : SA11.1171

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. BROWN-FORMAN CORPORATION

Mailing Address P.O. BOX 1080
NON-PARTISAN COMMITTEE FOR RESPONS

City State Zip Code
LOUISVILLE KY 40201-1080

FEC ID number of contributing federal political committee. **C** C00059733

Name of Employer Occupation

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
 06 / 30 / 2014
Transaction ID : SA11.1301

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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 88
(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. FORD MOTOR COMPANY CIVIC ACTION FUND

Mailing Address **THE AMERICAN ROAD**

City State Zip Code
DEARBORN MI 48121-

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
06 / 30 / 2014

Transaction ID : SA11.1299

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. GRAND TRUNK WESTERN RAILROAD CO. - ILLINOIS CENTRAL RAIL PAC

Mailing Address **601 PENNSYLVANIA AVE. NW, STE. 500**

City State Zip Code
WASHINGTON DC 20004-2601

FEC ID number of contributing federal political committee. **C C00095117**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 28 / 2014

Transaction ID : SA11.1257

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MARIJUANA POLICY PROJECT PAC

Mailing Address **P.O. BOX 77492**

City State Zip Code
WASHINGTON DC 20013-8492

FEC ID number of contributing federal political committee. **C C00389882**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
06 / 12 / 2014

Transaction ID : SA11.1273

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **4500.00**

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 72 OF 88
<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. MCGUIRE WOODS FEDERAL PAC FUND

Mailing Address 901 E. CARY STREET, ONE JAMES CENT

City	State	Zip Code
RICHMOND	VA	23219-

FEC ID number of contributing federal political committee. **C** C00225342

Name of Employer	Occupation

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
05	/	27	/	2014

Transaction ID : SA11.1255

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. NATIONAL BUSINESS TRAVEL ASSOC., INC. PAC

Mailing Address 110 N. ROYAL ST., FL-4

City	State	Zip Code
ALEXANDRIA	VA	22314-3274

FEC ID number of contributing federal political committee. **C** C00373910

Name of Employer	Occupation

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
06	/	12	/	2014

Transaction ID : SA11.1274

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

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

Mailing Address 2525 HARRODSBURG ROAD

City	State	Zip Code
LEXINGTON	KY	40504-3355

FEC ID number of contributing federal political committee. **C** C00360008

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SA11.1300

Amount of Each Receipt this Period
2500.00

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 73 OF 88
(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. PROFESSIONAL COMPOUNDING CENTERS OF AMERICA PAC

Mailing Address 9901 S. WILCREST DRIVE

City State Zip Code
HOUSTON TX 77099-5132

FEC ID number of contributing federal political committee. **C** C00558452

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014
Transaction ID : SA11.1256

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. THE SOCIETY OF THE PLASTICS IND., INC. PAC

Mailing Address 1667 K ST. NW, STE. 1000

City State Zip Code
WASHINGTON DC 20006-1620

FEC ID number of contributing federal political committee. **C** C00309716

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11.1275

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. THE TEA PARTY LEADERSHIP FUND

Mailing Address 209 PENNSYLVANIA AVE SE
STE 2109

City State Zip Code
WASHINGTON DC 20003-1107

FEC ID number of contributing federal political committee. **C** C00520825

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014
Transaction ID : SA11.1272

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).....▶	16250.00

**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. COLIN HUSSEY

Mailing Address 938 GEARY STREET
APT 605

City State Zip Code
SAN FRANCISCO CA 94109

Purpose of Disbursement
PHOTOGRAPHY SERVICE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : SB21B.I95

Amount of Each Disbursement this Period

325.00

Full Name (Last, First, Middle Initial)

B. RINA MALMQUIST

Mailing Address 524 RIVERGREEN LANE

City State Zip Code
BOWLING GREEN KY 42103

Purpose of Disbursement
FABRIC REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : SB21B.I115

Amount of Each Disbursement this Period

298.20

Full Name (Last, First, Middle Initial)

C. HOBBY LOBBY

Mailing Address 1751 SCOTTSVILLE RD
SUITE 10

City State Zip Code
BOWLING GREEN KY 42104-3357

Purpose of Disbursement
PARTY SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : SB21B.I147

Amount of Each Disbursement this Period

289.94

[MEMO ITEM]

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

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

623.20

**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. JEAN MCIVER

Mailing Address 7596 PASATIEMPO DRIVE

City FRISCO State TX Zip Code 75034

Purpose of Disbursement
FOOD/BEVERAGE/FACILITY RENTAL REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : SB21B.I113

Amount of Each Disbursement this Period

594.04

Category/
Type

Full Name (Last, First, Middle Initial)

B. PARK CITY CLUB

Mailing Address 5956 SHERRY LN
SUITE 1700

City DALLAS State TX Zip Code 75225-6519

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : SB21B.I143

Amount of Each Disbursement this Period

594.04

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NANCY SEBASTIANI

Mailing Address PO BOX 1423

City SONOMA State CA Zip Code 95476-1423

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SB21B.I1311

Amount of Each Disbursement this Period

4583.88

Category/
Type

IN-KIND: CATERING/FACILITY RENTAL

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

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

5177.92

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. GAYLA WARNER

Mailing Address 1623 RIVERGREEN LANE

City BOWLING GREEN State KY Zip Code 42103

Purpose of Disbursement
PRINTING/FABRIC/DECORATION REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : SB21B.I111

Amount of Each Disbursement this Period

2017.69

Category/
Type

Full Name (Last, First, Middle Initial)

B. HOBBY LOBBY

Mailing Address 1751 SCOTTSVILLE RD
SUITE 10

City BOWLING GREEN State KY Zip Code 42104-3357

Purpose of Disbursement
PARTY SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : SB21B.I136

Amount of Each Disbursement this Period

118.42

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SIGNATURE SIGNS

Mailing Address 1736 US 31W BYP

City BOWLING GREEN State KY Zip Code 42101-3031

Purpose of Disbursement
PARTY SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : SB21B.I140

Amount of Each Disbursement this Period

999.96

Category/
Type

[MEMO ITEM]

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

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

2017.69

**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. THE GARDEN PATCH

Mailing Address PO BOX 367

City SMITHS GROVE State KY Zip Code 42171-0367

Purpose of Disbursement
PARTY SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : SB21B.I142

Amount of Each Disbursement this Period

504.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JENNIFER WENTWORTH

Mailing Address 1423 RIVERGREEN LANE

City BOWLING GREEN State KY Zip Code 42103

Purpose of Disbursement
FOOD/BEVERAGE REIMBURSEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : SB21B.I114

Amount of Each Disbursement this Period

318.45

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 4315 SOUTH 2700 WEST

City SALT LAKE CITY State UT Zip Code 84184

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
05 / 01 / 2014

Transaction ID : SB21B.I106

Amount of Each Disbursement this Period

7.95

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

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

326.40

**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. AMERICAN EXPRESS

Mailing Address 4315 SOUTH 2700 WEST

City SALT LAKE CITY State UT Zip Code 84184

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
05 / 05 / 2014

Transaction ID : SB21B.I107

Amount of Each Disbursement this Period

204.71

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 4315 SOUTH 2700 WEST

City SALT LAKE CITY State UT Zip Code 84184

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
05 / 13 / 2014

Transaction ID : SB21B.I131

Amount of Each Disbursement this Period

73.45

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 4315 SOUTH 2700 WEST

City SALT LAKE CITY State UT Zip Code 84184

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
06 / 16 / 2014

Transaction ID : SB21B.I132

Amount of Each Disbursement this Period

116.05

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

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

394.21

**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. ARISTEIA GROUP INC.

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314

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
05 / 06 / 2014

Transaction ID : SB21B.I100

Amount of Each Disbursement this Period

4662.99

Full Name (Last, First, Middle Initial)

B. ARISTEIA GROUP INC.

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314

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
06 / 04 / 2014

Transaction ID : SB21B.I126

Amount of Each Disbursement this Period

6696.86

Full Name (Last, First, Middle Initial)

C. ARISTEIA GROUP INC.

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314

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
04 / 03 / 2014

Transaction ID : SB21B.I96

Amount of Each Disbursement this Period

4694.45

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

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

16054.30

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

Use separate schedule(s)
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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. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE ST

City NEWPORT State KY Zip Code 41071

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
06 / 04 / 2014

Transaction ID : SB21B.I124

Amount of Each Disbursement this Period

2046.75

Full Name (Last, First, Middle Initial)

B. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE ST

City NEWPORT State KY Zip Code 41071

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
04 / 03 / 2014

Transaction ID : SB21B.I93

Amount of Each Disbursement this Period

2102.51

Full Name (Last, First, Middle Initial)

C. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE ST

City NEWPORT State KY Zip Code 41071

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
05 / 06 / 2014

Transaction ID : SB21B.I98

Amount of Each Disbursement this Period

2042.14

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

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

6191.40

**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. CHASE BANK

Mailing Address 924 BROADWAY AVENUE
KY3-1000

City BOWLING GREEN State KY Zip Code 42101

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
04 / 02 / 2014

Transaction ID : SB21B.I103

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 924 BROADWAY AVENUE
KY3-1000

City BOWLING GREEN State KY Zip Code 42101

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
04 / 01 / 2014

Transaction ID : SB21B.I104

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. CHASE BANK

Mailing Address 924 BROADWAY AVENUE
KY3-1000

City BOWLING GREEN State KY Zip Code 42101

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
05 / 01 / 2014

Transaction ID : SB21B.I122

Amount of Each Disbursement this Period

50.00

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

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

115.00

**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 AVENUE
KY3-1000

City BOWLING GREEN State KY Zip Code 42101

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
06 / 02 / 2014

Transaction ID : SB21B.I123

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 924 BROADWAY AVENUE
KY3-1000

City BOWLING GREEN State KY Zip Code 42101

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
06 / 26 / 2014

Transaction ID : SB21B.I152

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA PROCESSING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : SB21B.I125

Amount of Each Disbursement this Period

1665.68

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

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

1730.68

**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
04 / 03 / 2014

Transaction ID : SB21B.I94

Amount of Each Disbursement this Period

1288.22

Full Name (Last, First, Middle Initial)

B. 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
05 / 06 / 2014

Transaction ID : SB21B.I99

Amount of Each Disbursement this Period

1677.93

Full Name (Last, First, Middle Initial)

C. LIBERTY PHONE CENTER INC.

Mailing Address P.O. BOX 8265

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement
POSTAGE/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
05 / 06 / 2014

Transaction ID : SB21B.I101

Amount of Each Disbursement this Period

137.86

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

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

3104.01

**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. LIBERTY PHONE CENTER INC.

Mailing Address P.O. BOX 8265

City SPRINGFIELD State VA Zip Code 22151

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
04 / 03 / 2014

Transaction ID : **SB21B.I97**

Amount of Each Disbursement this Period

554.61

Full Name (Last, First, Middle Initial)

B. MERCHE SOLUTIONS

Mailing Address 3600 BRIDGE PARKWAY SUITE 102

City REDWOOD CITY State CA Zip Code 94065

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
05 / 05 / 2014

Transaction ID : **SB21B.I108**

Amount of Each Disbursement this Period

284.01

Full Name (Last, First, Middle Initial)

C. MERCHE SOLUTIONS

Mailing Address 3600 BRIDGE PARKWAY SUITE 102

City REDWOOD CITY State CA Zip Code 94065

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
06 / 03 / 2014

Transaction ID : **SB21B.I117**

Amount of Each Disbursement this Period

144.89

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

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

983.51

**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. PREMIER PARKING SERVICES

Mailing Address 1709 SHERWOOD WAY

City BOWLING GREEN State KY Zip Code 42103

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
05 / 23 / 2014

Transaction ID : SB21B.I110

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

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
04 / 30 / 2014

Transaction ID : SB21B.I109

Amount of Each Disbursement this Period

72.80

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

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
05 / 31 / 2014

Transaction ID : SB21B.I130

Amount of Each Disbursement this Period

29.30

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

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

552.10

**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. STRIPE

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

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
06 / 30 / 2014

Transaction ID : SB21B.I163

Amount of Each Disbursement this Period

356.50

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 475 LENFANT PLAZA SW

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
PO BOX RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2014

Transaction ID : SB21B.I153

Amount of Each Disbursement this Period

146.00

Full Name (Last, First, Middle Initial)

C. REINVENTING A NEW DIRECTION - RANDPAC

Mailing Address PO BOX 72598

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement
FUNDRAISER EXPENSE REIMBURSEMENTS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2014

Transaction ID : SB21B.I116

Amount of Each Disbursement this Period

2555.70

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

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

3058.20

**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. J & J PRINTING

Mailing Address 5540 PORT ROYAL ROAD

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement
PRINTING

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
0	5		2	3		2	0	1	4

Transaction ID : SB21B.I127

Amount of Each Disbursement this Period

3	1	6	.	2	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PARTY 1 SUPER STORE

Mailing Address 1751 SCOTTSVILLE ROAD

City BOWLING GREEN State KY Zip Code 42104

Purpose of Disbursement
DECORATIONS

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
0	5		2	3		2	0	1	4

Transaction ID : SB21B.I129

Amount of Each Disbursement this Period

2	0	7	.	5	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US SENATE GIFT SHOP

Mailing Address DIRKSEN SENATE OFFICE BUILDING

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
FUNDRAISER GIFTS

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
0	5		2	3		2	0	1	4

Transaction ID : SB21B.I128

Amount of Each Disbursement this Period

2	0	3	2	.	0	0
---	---	---	---	---	---	---

[MEMO ITEM]

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

0	.	0	0
---	---	---	---

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

4	0	3	2	.	6	2
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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 type="checkbox"/> 21b	<input checked="" 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. RAND PAUL FOR US SENATE 2016		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address PO BOX 72928		Transaction ID : SB22.I149
City NEWPORT	State KY	
Zip Code 41072	Purpose of Disbursement TRANSFER OF JOINT FUNDRAISING PROCEEDS	Amount of Each Disbursement this Period 218484.32
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. RAND PAUL FOR US SENATE 2016		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address PO BOX 72928		Transaction ID : SB22.I151
City NEWPORT	State KY	
Zip Code 41072	Purpose of Disbursement TRANSFER OF JOINT FUNDRAISING PROCEEDS	Amount of Each Disbursement this Period 3010.89
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. REINVENTING A NEW DIRECTION - RANDPAC		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address PO BOX 72598		Transaction ID : SB22.I150
City NEWPORT	State KY	
Zip Code 41072	Purpose of Disbursement TRANSFER OF JOINT FUNDRAISING PROCEEDS	Amount of Each Disbursement this Period 51243.68
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	272738.89
TOTAL This Period (last page this line number only).....▶	272738.89