

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

Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

ANNIE KUSTER VICTORY FUND

ADDRESS (number and street)

1 PARK ROW 5TH FL



Check if different than previously reported. (ACC)

PROVIDENCE

RI

02903

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00526210

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

NH

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
11 / 08 / 2022

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2022

through

M M / D D / Y Y Y Y  
10 / 19 / 2022

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

Schorr, Alexandra, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Schorr, Alexandra, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 27 / 2022

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 12

Write or Type Committee Name

ANNIE KUSTER VICTORY FUND

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 2 | 2 |

To:

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

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 79530.96                | 31860.00                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 79530.96                | 31860.00                           |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 1077.75                 | 1130.50                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 1077.75                 | 1130.50                            |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 68760.63                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 12

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ANNIE KUSTER VICTORY FUND

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 2 | 2 |

To:

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

**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than  
Political Committees

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

26825.00

31600.00

(ii) Unitemized.....

205.96

260.00

(iii) TOTAL of contributions  
from individuals ▶

27030.96

31860.00

(b) Political Party Committees.....

0.00

0.00

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

52500.00

0.00

(d) The Candidate.....

0.00

0.00

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

79530.96

31860.00

**12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

79530.96

31860.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 12

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 1077.75                       | 1130.50                            |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 57753.28                      | 16750.00                           |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 58831.03                      | 17880.50                           |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 48060.70  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 79530.96  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 127591.66 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 58831.03  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 68760.63  |

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

PAGE 5 OF 12

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**ANNIE KUSTER VICTORY FUND**

|                                                                                                                                 |             |                                    |                                                          |                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|----------------------------------------------------------|------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Burling, Peter Hoe, , ,</b>                                             |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 18 2022 |                                    |  |
| Mailing Address 20 Lang Road                                                                                                    |             |                                    | <b>Transaction ID : SA11AI.5305</b>                      |                                    |  |
| City<br>Cornish                                                                                                                 | State<br>NH | Zip Code<br>03745                  | Amount of Each Receipt this Period<br>2500.00            |                                    |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Memo Item <input type="checkbox"/> |                                                          |                                    |  |
| Name of Employer<br>Not Employed                                                                                                |             | Occupation                         |                                                          | Election Cycle-to-Date<br>2500.00  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>2500.00  |                                                          |                                    |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Drew, Ellen, , ,</b>                                                    |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 18 2022 |                                    |  |
| Mailing Address 10271 W. Loyola Dr.                                                                                             |             |                                    | <b>Transaction ID : SA11AI.5301</b>                      |                                    |  |
| City<br>Los Altos Hills                                                                                                         | State<br>CA | Zip Code<br>94024                  | Amount of Each Receipt this Period<br>5000.00            |                                    |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Memo Item <input type="checkbox"/> |                                                          |                                    |  |
| Name of Employer<br>Not Employed                                                                                                |             | Occupation                         |                                                          | Election Cycle-to-Date<br>5000.00  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>5000.00  |                                                          |                                    |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Drew, John, , ,</b>                                                     |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 18 2022 |                                    |  |
| Mailing Address 10271 W Loyola Drive                                                                                            |             |                                    | <b>Transaction ID : SA11AI.5303</b>                      |                                    |  |
| City<br>Los Altos                                                                                                               | State<br>CA | Zip Code<br>94024                  | Amount of Each Receipt this Period<br>5000.00            |                                    |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Memo Item <input type="checkbox"/> |                                                          |                                    |  |
| Name of Employer<br>TCV                                                                                                         |             | Occupation<br>Venture Capital      |                                                          | Election Cycle-to-Date<br>15000.00 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>15000.00 |                                                          |                                    |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                         |             |                                    | 12500.00                                                 |                                    |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                               |             |                                    |                                                          |                                    |  |

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

PAGE 6 OF 12

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**ANNIE KUSTER VICTORY FUND**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Janeway, Elizabeth, , ,</b><br>Mailing Address 225 Tyler Rd<br><br>City State Zip Code<br>Webster NH 03303<br><br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer Occupation<br>Not Employed<br><br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>Election Cycle-to-Date ▼<br>5000.00       |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 17 2022<br><br><b>Transaction ID : SA11AI.5311</b><br><br>Amount of Each Receipt this Period<br>5000.00<br><br><input type="checkbox"/> Memo Item |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Mackin, Jonna, , ,</b><br>Mailing Address 80 Lyme Rd Apt 108<br><br>City State Zip Code<br>Hanover NH 03755<br><br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer Occupation<br>N/A Retired<br><br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>Election Cycle-to-Date ▼<br>14500.00      |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 18 2022<br><br><b>Transaction ID : SA11AI.5304</b><br><br>Amount of Each Receipt this Period<br>2500.00<br><br><input type="checkbox"/> Memo Item |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Madden, Cynthia, , ,</b><br>Mailing Address 1460 Briar Hill Road<br><br>City State Zip Code<br>Hopkinton NH 03229<br><br>FEC ID number of contributing federal political committee. <b>C</b><br><br>Name of Employer Occupation<br>Not Employed<br><br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>Election Cycle-to-Date ▼<br>250.00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 17 2022<br><br><b>Transaction ID : SA11AI.5313</b><br><br>Amount of Each Receipt this Period<br>250.00<br><br><input type="checkbox"/> Memo Item  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  | 7750.00                                                                                                                                                                                            |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |                                                                                                                                                                                                    |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

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

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NAME OF COMMITTEE (In Full)

**ANNIE KUSTER VICTORY FUND**

|                                                                                                                                 |             |                          |                                                          |                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|----------------------------------------------------------|-----------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Maddox, Ann, , ,</b>                                                    |             |                          | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 19 2022 |                                   |  |
| Mailing Address 399 Forrest Avenue                                                                                              |             |                          | <b>Transaction ID : SA11AI.5299</b>                      |                                   |  |
| City<br>Fairfax                                                                                                                 | State<br>CA | Zip Code<br>94930        | Amount of Each Receipt this Period<br>500.00             |                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Memo Item                |                                                          |                                   |  |
| Name of Employer<br>Not Employed                                                                                                |             | Occupation               |                                                          | Election Cycle-to-Date<br>500.00  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                          |                                                          |                                   |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Merrow, George, , ,</b>                                                 |             |                          | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 09 2022 |                                   |  |
| Mailing Address 519 Crowell road                                                                                                |             |                          | <b>Transaction ID : SA11AI.5297</b>                      |                                   |  |
| City<br>Hopkinton                                                                                                               | State<br>NH | Zip Code<br>03229        | Amount of Each Receipt this Period<br>50.00              |                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Memo Item                |                                                          |                                   |  |
| Name of Employer<br>McFarland Johnson                                                                                           |             | Occupation<br>Consultant |                                                          | Election Cycle-to-Date<br>500.00  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                          |                                                          |                                   |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Morgridge, John, , ,</b>                                                |             |                          | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 18 2022 |                                   |  |
| Mailing Address 107 Mapache Drive                                                                                               |             |                          | <b>Transaction ID : SA11AI.5307</b>                      |                                   |  |
| City<br>Portola Valley                                                                                                          | State<br>CA | Zip Code<br>94028        | Amount of Each Receipt this Period<br>5000.00            |                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Memo Item                |                                                          |                                   |  |
| Name of Employer<br>Not Employed                                                                                                |             | Occupation               |                                                          | Election Cycle-to-Date<br>5000.00 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                          |                                                          |                                   |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                         |             |                          | 5550.00                                                  |                                   |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                               |             |                          |                                                          |                                   |  |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

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

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NAME OF COMMITTEE (In Full)

**ANNIE KUSTER VICTORY FUND**

|                                                                                                                                 |             |                                    |                                                          |                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|----------------------------------------------------------|-----------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Segal, Anne, , ,</b>                                                    |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 07 2022 |                                   |  |
| Mailing Address 80 Lyme St                                                                                                      |             |                                    | <b>Transaction ID : SA11AI.5293</b>                      |                                   |  |
| City<br>Hanover                                                                                                                 | State<br>NH | Zip Code<br>03755                  | Amount of Each Receipt this Period<br>1000.00            |                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Memo Item <input type="checkbox"/> |                                                          |                                   |  |
| Name of Employer<br>Not Employed                                                                                                |             | Occupation                         |                                                          | Election Cycle-to-Date<br>6000.00 |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>6000.00  |                                                          |                                   |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Spier, Carolyn, , ,</b>                                                 |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 17 2022 |                                   |  |
| Mailing Address 9 Columbia Ave                                                                                                  |             |                                    | <b>Transaction ID : SA11AI.5317</b>                      |                                   |  |
| City<br>Nashua                                                                                                                  | State<br>NH | Zip Code<br>03064                  | Amount of Each Receipt this Period<br>25.00              |                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Memo Item <input type="checkbox"/> |                                                          |                                   |  |
| Name of Employer<br>N/A                                                                                                         |             | Occupation<br>Retired              |                                                          | Election Cycle-to-Date<br>900.00  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>900.00   |                                                          |                                   |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)                                                                               |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y Y               |                                   |  |
| Mailing Address                                                                                                                 |             |                                    | Amount of Each Receipt this Period                       |                                   |  |
| City                                                                                                                            | State       | Zip Code                           | Memo Item <input type="checkbox"/>                       |                                   |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             | Election Cycle-to-Date             |                                                          |                                   |  |
| Name of Employer                                                                                                                |             | Occupation                         |                                                          | Election Cycle-to-Date            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date             |                                                          |                                   |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                           |             |                                    | 1025.00                                                  |                                   |  |
| <b>TOTAL</b> This Period (last page this line number only).....                                                                 |             |                                    | 26825.00                                                 |                                   |  |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

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

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NAME OF COMMITTEE (In Full)  
ANNIE KUSTER VICTORY FUND

|                                                                                                                                 |             |                                      |                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|----------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>NANCY PELOSI FOR CONGRESS</b>                                           |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 07 2022 |  |
| Mailing Address 700 13TH STREET, NW<br>SUITE 800                                                                                |             |                                      | <b>Transaction ID : SA11C.5326</b>                       |  |
| City<br>WASHINGTON                                                                                                              | State<br>DC | Zip Code<br>20005                    | Amount of Each Receipt this Period<br>20000.00           |  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00213512                                                |             | <input type="checkbox"/> Memo Item   |                                                          |  |
| Name of Employer                                                                                                                |             | Occupation                           |                                                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>20000.00 |                                                          |  |

|                                                                                                                                 |             |                                      |                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------|----------------------------------------------------------|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>NANCY PELOSI FOR CONGRESS</b>                                           |             |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 17 2022 |  |
| Mailing Address 700 13TH STREET, NW<br>SUITE 800                                                                                |             |                                      | <b>Transaction ID : SA11C.5328</b>                       |  |
| City<br>WASHINGTON                                                                                                              | State<br>DC | Zip Code<br>20005                    | Amount of Each Receipt this Period<br>30000.00           |  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00213512                                                |             | <input type="checkbox"/> Memo Item   |                                                          |  |
| Name of Employer                                                                                                                |             | Occupation                           |                                                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>50000.00 |                                                          |  |

|                                                                                                                                 |             |                                     |                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------|----------------------------------------------------------|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>NEW DEMOCRAT COALITION ACTION FUND</b>                                  |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 13 2022 |  |
| Mailing Address 233 PENNSYLVANIA AVE SE                                                                                         |             |                                     | <b>Transaction ID : SA11C.5329</b>                       |  |
| City<br>WASHINGTON                                                                                                              | State<br>DC | Zip Code<br>20003                   | Amount of Each Receipt this Period<br>2500.00            |  |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00409730                                                |             | <input type="checkbox"/> Memo Item  |                                                          |  |
| Name of Employer                                                                                                                |             | Occupation                          |                                                          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>2500.00 |                                                          |  |

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

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

52500.00

52500.00

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

PAGE 10 OF 12

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

ANNIE KUSTER VICTORY FUND

Full Name (Last, First, Middle Initial)

**A. Act Blue**

Mailing Address 14 Arrow Street, Suite 11

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

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 02  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

0.05

Transaction ID : SB17.5318

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Act Blue**

Mailing Address 14 Arrow Street, Suite 11

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

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 09  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

43.65

Transaction ID : SB17.5319

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Act Blue**

Mailing Address 14 Arrow Street, Suite 11

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

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 19  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1024.05

Transaction ID : SB17.5320

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

1067.75

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

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

PAGE 11 OF 12

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

ANNIE KUSTER VICTORY FUND

Full Name (Last, First, Middle Initial)

**A. Citizens Bank**

Mailing Address One Citizens Plaza

City  
ProvidenceState  
RIZip Code  
02903Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 07  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB17.5321

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens Bank**

Mailing Address One Citizens Plaza

City  
ProvidenceState  
RIZip Code  
02903Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 14  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB17.5322

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

FEC Identification Number

C

Amount of Each Disbursement this Period

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

10.00

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

1077.75

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

PAGE 12 OF 12

|                                    |                                               |                                     |                                    |
|------------------------------------|-----------------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> 17<br>20a | <input checked="" type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |
|------------------------------------|-----------------------------------------------|-------------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)

ANNIE KUSTER VICTORY FUND

Full Name (Last, First, Middle Initial)

**A. NEW HAMPSHIRE DEMOCRATIC PARTY**

Mailing Address 105 N. STATE STREET

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 07 / 2022      |

City  
CONCORDState  
NHZip Code  
03301Purpose of Disbursement  
Transfer of Joint Fundraising Proceeds

FEC Identification Number

C C00178038

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

37753.28

Transaction ID : SB18.5324

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. NEW HAMPSHIRE DEMOCRATIC PARTY**

Mailing Address 105 N. STATE STREET

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 14 / 2022      |

City  
CONCORDState  
NHZip Code  
03301Purpose of Disbursement  
Transfer of Joint Fundraising Proceeds

FEC Identification Number

C C00178038

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

20000.00

Transaction ID : SB18.5325

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
|---------------------|

City

State

Zip Code

Purpose of Disbursement

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

57753.28

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

57753.28