PAGE 1 / 12

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

I OKWI 3A	For Other	Than An Auth	norized Comm	ittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PE	RINT ▼	Example: If ty over the lines		12FE4M	5
ERNST VICTORY						
ADDRESS (number and street)	PO BOX 9	3441				
▼ Check if different						
than previously reported. (ACC)	DES MOIN	NES			LIA	50393
2. FEC IDENTIFICATION N	UMBER ▼	CIT	Y 🛦		STATE A	ZIP CODE ▲
C C00571927			THIS EPORT	NEW (N) OR	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Month Repo	rt On:	20 (M2)	May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		H	20 (M3)	Jun 20 (M6)	H .	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (0	Q1) ——		20 (M4)	Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	D2)	12-Day  PRE-Election	Primary (		General	
October 15 Quarterly Report (0		Report for the:	Conventio	n (12C)	Special (	125)
January 31 Year-End Report (\)	γE)	Election	n on	/ D I D /	Y   Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	on `´ I	30-Day POST-Election Report for the:	General (	30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)		Election	n on	/ D = D /	Y	in the State of
5. Covering Period 10	M / D D D 01	2017	through	n 12	31	2017
I certify that I have examined the	nis Report an	d to the best of	my knowledge an	d belief it is tru	ue, correct and	d complete.
Type or Print Name of Treasure						
Signature of Treasurer HOB	BBS, CABELL, ,	,	[Electronic	ally Filed]	Date 01	/ 31 / Y Y Y Y Y Y 2018
NOTE: Submission of false, erron	eous, or incor	mplete information	may subject the p	person signing the	nis Report to th	ne penalties of 52 U.S.C. § 30109
Office Use Only						FEC FORM 3X Rev. 05/2016

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name **ERNST VICTORY** 10 01 2017 12 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 7445.01 January 1, 2017 (b) Cash on Hand at 56878.79 Beginning of Reporting Period..... 10400.03 80900.12 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 88345.13 67278.82 6(a) and 6(c) for Column B)..... 52115.00 73181.31 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 15163.82 15163.82 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Vrite or Type Committee Nam	Vrite o	or Ty	pe Cor	nmittee	Name
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### **ERNST VICTORY**

Report Covering the Period: From:	01 2017 To	o: 12 31 2017
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	40400.00	
(i) Itemized (use Schedule A)	10400.00	68900.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	10400.00	68900.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	12000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		20022.22
Totals to Line 33, page 5)▶	10400.00	80900.00
2. Transfers From Affiliated/Other		222
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	79 79 70	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	4 4	4 4
(Dividends, Interest, etc.)	0.03	0.12
	7 7	7 7 7
` '		
(from Schedule H3)	0.00	0.00
Г		222
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
8. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	0.00	3
Total Federal Receipts	10.000.00	
(subtract Line 18(c) from Line 19)▶	10400.03	80900.12

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Dperating Expenditures: – a) Allocated Federal/Non-Federal	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(	b) Other Federal Operating  Expenditures	7115.00	28181.31
(	c) Total Operating Expenditures	7445.00	204.04.24
o 7	(add 21(a)(i), (a)(ii), and (b))	7115.00	28181.31
(	Fransfers to Affiliated/Other Party Committees Contributions to	39600.00	39600.00
F	Federal Candidates/Committees and Other Political Committees	0.00	0.00
	ndependent Expenditures	1 1 4 1 1 4 1	
i. (	use Schedule E) Coordinated Party Expenditures 52 U.S.C. § 30116(d))	0.00	0.00
(	use Schedule F)	0.00	0.00
i. L	oan Repayments Made	0.00	0.00
	oans MadeRefunds of Contributions To:	0.00	0.00
	a) Individuals/Persons Other Than Political Committees	5400.00	5400.00
,		7 1 7 1 7	1 1 1 1 1 1 1 1
`.	b) Political Party Committees	0.00	0.00
(	(such as PACs)	0.00	0.00
(	d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	5400.00	5400.00
	Other Disbursements (Including		
1	Non-Federal Donations)	0.00	0.00
). F	Federal Election Activity (52 U.S.C. § 30101(20)	))	
(	a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(	b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(	c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52115.00	73181.31
	Total Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii) rom Line 31)	F0445.00	
'		52115.00	73181.31

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 10400.00 80900.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 5400.00 5400.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 75500.00 5000.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 7115.00 28181.31 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 7115.00 28181.31 (subtract Line 37 from Line 36) ......

C.

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOF	LINE	NU	MBER	:	PAGE	6	OF	12
(che	ck only	or	ne)					
×	11a		11b		11c	12	2	
	13		14		15	16	6	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) **ERNST VICTORY** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name HURLEY, KAMILLA, BREN, MRS., Date of Receipt Mailing Address 998 CHESTNUT ST 29 2017 City State Zip Code Transaction ID: SA11A.88189 SAN FRANCISCO CA 94109-1319 Amount of Each Receipt this Period FEC ID number of contributing C 10400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HOUSEWIFE HOUSEWIFE CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General 10400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼		
Full Name of Individual (Last, First, Middle Mailing Address	, , , , , , , , , , , , , , , , , , , ,	Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	State Zip Code  C Occupation (for Individual)	Amount of Each Receipt this Period  Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).		10400.00

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

10400.00

Use separate schedule(s) to (check only one) Debuilded Summary Page Debuilded Summary Debuilded Committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full) ERNST VICTORY Full Name (Last, First, Middle Initial) A. CMDI  Mailing Address 1593 SPRING HILL ROAD #400  City TYSONS CORNER VA 22182 Purpose of Debuilded Summary Deb	S	CHEDULE B (FEC Form 3X)	FOR LINE					NE NUMBER: PAGE 7 OF 12								
Detailed Summary Fage   280   280   280   30b	IT	EMIZED DISBURSEMENTS			1 (01.		,	′		٦.00		00	07			
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)  ERNST VICTORY  Full Name (Last, First, Middle Initial)  A. CMDI  Mailing Address 1593 SPRING HILL ROAD #400  City TYSONS CORNER  Purpose of Disbursement DATABASE MANACEMENT SERVICE  Candidate Name  Office Sought: House Disbursement For: State Primary General Primary General State: District:  Full Name (Last, First, Middle Initial)  B. INTUIT  Mailing Address 2700 COAST AVE  City MOUNTAIN VIEW Purpose of Disbursement SUBSCRIPTION  Cardidate Name  Category/ Type  Type  Transaction ID: \$8218003 B  Amount of Each Disbursement ID: \$8218003 B  Amount of Each Disbursement SUBSCRIPTION  Category/ Type  Category/ Type  FEC Identification Number  FURL TYPE STATE IN Identification Number  Category/ Type  FEC											Н					
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)  ERNST VICTORY  Full Name (Last, First, Middle Initial)  A. CMDI  Mailing Address 1593 SPRING HILL ROAD #400  City  TYSONS CORNER  VA  ZIP Code  TYSONS CORNER  Furpose of Disbursement  Disbursement For:  Gardidate Name  Category/ Type  Disfort  Full Name (Last, First, Middle Initial)  INTUIT  Mailing Address 2700 COAST AVE  City  MOUNTAIN VIEW  City  Grandidate Name  Category/ Type  Disbursement  State  Disbursement  Disbursement  Disbursement  City  City  City  City  City  State  Senata  Primary  General  Primary  General  Primary  General  Disbursement  Disbursement  Disbursement  Category/ Type  Type  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Disbursement  Category/ Type  Transaction 10 : \$8218003 B'  Amount of Each Disbursement this Pened  Transaction 10 : \$8218003 B'  Amount of Each Disbursement  Disbursement  Type  State  Disbursement  D	Δr	ny information conied from such Reports and Staten	l nents may n	ot he sold or us	ed by a				nur 4		of sc				<u> </u>	
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TYSONS CORNER    VA   22182		Mailing Address 1593 SPRING HILL ROAD #400														
TYSONS CORNER    VA   22182   Purpose of Disbursement   Disbursem		City	State	Zin Code			+				—					
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State: District:  Full Name (Last, First, Middle Initial)  B. INTUIT  Mailing Address 2700 COAST AVE  City MOUNTAIN VIEW Purpose of Disbursement SUBSCRIPTION Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) C. RIGHTSIDE COMPLIANCE LLC  Mailing Address PO BOX 341027  City Mailing Address PO BOX 341027  City AUSTIN Purpose of Disbursement COMPLIANCE CONSULTING Category/ Type  Transaction ID : S821B003 B: Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  Total  Total  Tatal  FEC Identification Number  Category/ Type  Total		Senate	Primary	General						,					_	
Full Name (Last, First, Middle Initial)  Mailing Address 2700 COAST AVE  City MOUNTAIN VIEW Purpose of Disbursement SUBSCRIPTION Candidate Name  Office Sought:  House President State:  Disbursement For: Senate President Other (specify)  Category/ Type  Disbursement  Disbursement For: Senate Primary Other (specify)  Date of Disbursement  The Code Transaction ID: SB21B003 B; Amount of Each Disbursement this Period  Tother (specify)  Date of Disbursement  The Code Transaction ID: SB21B003 B; Amount of Each Disbursement this Period  Tother (specify)  Date of Disbursement  Category/ Type  Transaction ID: SB21B003 B; Amount of Each Disbursement this Period  Date of Disbursement  Collegory/ Type  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Category/ Type  Tother (specify)  Transaction ID: SB21B001 B Amount of Each Disbursement this Period  Category/ Type  Tother (specify)  Tother (speci			Other (spec	ify) ▼				М	emo	Item						
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City MOUNTAIN VIEW Purpose of Disbursement SUBSCRIPTION Candidate Name  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial) C. RIGHTSIDE COMPLIANCE LLC  Mailling Address PO BOX 341027  City AUSTIN Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name  Category/ Type  Date of Disbursement ComPLIANCE CONSULTING Candidate Name  Disbursement For: Category/ Type  Transaction ID: SB218001_B Amount of Each Disbursement ComPLIANCE CONSULTING Category/ Type  Transaction ID: SB218001_B Amount of Each Disbursement this Period  Transaction ID: SB218001_B Amount of Each Disbursement this Period  Memo Item  SUBTOTAL of Disbursements This Page (optional)					1											
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SUBSCRIPTION  Candidate Name    Category/Type		MOUNTAIN VIEW														
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Office Sought: House Senate Primary General Primary General President State: District:  Full Name (Last, First, Middle Initial)  C. RIGHTSIDE COMPLIANCE LLC  Mailing Address PO BOX 341027  City AUSTIN TX 78734  Purpose of Disbursement COMPLIANCE CONSULTING  Candidate Name  Office Sought: House Senate Primary General Primary General Primary General President State: District:  Substruct: Amount of Each Disbursement this Period  Tansaction ID: SB21B001_B  Amount of Each Disbursement this Period  Transaction ID: SB21B001_B  Amount of Each Disbursement this Period  Transaction ID: SB21B001_B  Amount of Each Disbursement this Period  Transaction ID: SB21B001_B  Amount of Each Disbursement this Period  Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify)   Memo Item  SUBTOTAL of Disbursements This Page (optional)																
Office Sought: House Senate Primary General Other (specify)  State: District: District: District: Date of Disbursement  Full Name (Last, First, Middle Initial)  C. RIGHTSIDE COMPLIANCE LLC  Mailing Address PO BOX 341027  City State Zip Code TX 78734  Purpose of Disbursement COMPLIANCE CONSULTING  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District: Memo Item  Substate: District: 30.00  Memo Item  FEC Identification Number  Category/ Type  1000.00  FEC Identification Number  Category/ Type  1000.00  Memo Item  Substate: District: Memo Item								Amoui	nt of	ent this	s Peri	od				
State: District:  Full Name (Last, First, Middle Initial)  C. RIGHTSIDE COMPLIANCE LLC  Mailing Address PO BOX 341027  City AUSTIN Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Memo Item  Date of Disbursement    Date of Disbursement		Office Sought: House Disburser								-	45	30	0.00			
State: District:  Full Name (Last, First, Middle Initial)  C. RIGHTSIDE COMPLIANCE LLC  Mailing Address PO BOX 341027  City AUSTIN Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name  Candidate Name  Office Sought: House Primary General Other (specify)  State: District:  Substortal of Disbursements This Page (optional)			•													
Full Name (Last, First, Middle Initial)  C. RIGHTSIDE COMPLIANCE LLC  Mailing Address PO BOX 341027  City  AUSTIN  Purpose of Disbursement  COMPLIANCE CONSULTING  Candidate Name  Candidate Name  Office Sought:  House  Senate  President  State:  District:  Disbursement For:  Senate  Primary  Other (specify)  State:  Substortal of Disbursements This Page (optional)			Other (spec	пу)				М								
C. RIGHTSIDE COMPLIANCE LLC  Mailing Address PO BOX 341027  City AUSTIN Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name  Category/ Type  Office Sought: House Primary General President State: District:  Substortal of Disbursements This Page (optional)	_						+									
Mailing Address PO BOX 341027  City AUSTIN Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name  Category/ Type  Office Sought:  House Primary President President  State:  District:  Subtrotal of Disbursements This Page (optional)	C.	RIGHTSIDE COMPLIANCE LLC						Date of	of Di	sburse	men	ıt				
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NAME OF COMMITTEE (In Full) ERNST VICTORY											
Full Name (Last, First, Middle Initial) RIGHTSIDE COMPLIANCE LLC				Date of Disbursement							
Mailing Address PO BOX 341027				10 23 2017							
City AUSTIN Purpose of Disbursement	State TX	Zip Code 78734		FEC Identification Number							
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Full Name (Last, First, Middle Initial)  INTUIT				Date of Disbursement							
Mailing Address 2700 COAST AVE				11 06 2017							
City MOUNTAIN VIEW Purpose of Disbursement	State CA	Zip Code 94043		FEC Identification Number							
SÜBSCRIPTION  Candidate Name			Category/ Type	Transaction ID : SB21B003_B Amount of Each Disbursement this Period							
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Full Name (Last, First, Middle Initial)  CMDI				Date of Disbursement							
Mailing Address 1593 SPRING HILL ROAD #400				11 07 2017							
City TYSONS CORNER	State VA	Zip Code 22182		FEC Identification Number							
Purpose of Disbursement DATABASE MANAGEMENT SERVICE Candidate Name			Category/	Transaction ID : SB21B002_B Amount of Each Disbursement this Period							
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Mailing Address PO BOX	K 341027				11	4	20	2017	_				
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A. RIGHTSIDE COMPLIANCE LLC				M = M		D /		017	1				
Mailing Address PO BOX 341027				12	-	18	20	J17					
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)		LINE NUMBER: PAGE 11 OF 12 ck only one)							
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NAME OF COMMITTEE (In Full) ERNST VICTORY	and the second of the point									
Full Name (Last, First, Middle Initial)  A. JONI FOR IOWA			Date of Disbursement							
Mailing Address PO BOX 93441			12 26 2017							
City DES MOINES Purpose of Disbursement	State Zip Code IA 50393		FEC Identification Number							
TRANSFER OF NET JFC PROCEEDS  Candidate Name			C C00546788  Transaction ID : SB22JFIG20							
ERNST, JONI, K, ,	ment For: 2020	Category/ Type	Amount of Each Disbursement this Period 7184.50							
Senate President	Primary <b>x</b> General Other (specify) ▼		Memo Item							
State: IA District: 00 Full Name (Last, First, Middle Initial)			Date of Disharence							
B. JONI FOR IOWA  Mailing Address PO BOX 93441			Date of Disbursement  12 26 2017							
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DES MOINES Purpose of Disbursement	IA 50393		FEC Identification Number  C S4IA00129							
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Office Sought: House Disbursen	ment For: 2020 Primary General	1,300	14171.00							
State: IA District: 00	Other (specify)		Memo Item							
Full Name (Last, First, Middle Initial)  C. JOBS OPPORTUNITY AND NEW	IDEAS PAC		Date of Disbursement							
Mailing Address PO BOX 93441			12 26 7 2017							
City DES MOINES Purpose of Disbursement	State Zip Code IA 50393		FEC Identification Number							
TRANSFER OF NET JFC PROCEEDS  Candidate Name		Category/ Type	C C00566851  Transaction ID : SB22JONIPA  Amount of Each Disbursement this Period							
Office Sought: House Disbursen Senate President	ment For:  Primary General  Other (specify) ▼	туре	18244.50							
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