

**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

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

ADDRESS (number and street)

PO Box 4184

Check if different  
than previously  
reported. (ACC)

New York

NY

10163

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00688655

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 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)☐ 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

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

M M / D D / Y Y Y Y Y Y  
05 01 2025

through

M M / D D / Y Y Y Y Y Y  
05 31 2025

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

Brouillard, Michael, , ,

Signature of Treasurer

Brouillard, Michael, , ,

Date

M M / D D / Y Y Y Y Y Y  
06 20 2025

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 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)Report Covering the Period: From: 

M M	/	D D	/	Y Y Y Y Y
05		01		2025

 To: 

M M	/	D D	/	Y Y Y Y Y
05		31		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
05 01 2025

To:

M M / D D / Y Y Y Y  
05 31 2025**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).....

55889.63

370309.76

(ii) Unitemized .....

1967.50

14691.99

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

57857.13

385001.75

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

57857.13

385001.75

## 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).....

3331.50

3331.50

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

9624.32

47314.46

## 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)) .....

70812.95

435647.71

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

70812.95

435647.71

# 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
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 .....	180523.12	690882.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	180523.12	690882.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
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 (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	19.00
(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	19.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	152500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	180523.12	843401.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	180523.12	843401.26

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	57857.13	385001.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	19.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57857.13	384982.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	180523.12	690882.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3331.50	3331.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	177191.62	687550.76

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 24  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

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

**A.** Brown, Donna, E, ,

Mailing Address 11712 Gold Parke Ln

City  
Gold RiverState  
CAZip Code  
95670-8351FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

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 / 06 / 2025

Transaction ID : 61002

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B.** ACTBLUEMailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2491.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2025

Transaction ID : 61002E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C.** Davis, Nicola, , ,

Mailing Address 5810 Edgehill Dr

City  
AlexandriaState  
VAZip Code  
22303-1309FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sage Against The TagineOccupation (for Individual)  
Self Employed

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 / 11 / 2025

Transaction ID : 61003

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 24  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

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

**A. ACTBLUE**Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2491.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2025**Transaction ID : 61003E**

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Douglas, Sarah, , ,**

Mailing Address 75 Mill St

City  
RhinebeckState  
NYZip Code  
12572-1822FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Maverick Psychotherapy GroupOccupation (for Individual)  
Psychotherapist

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 / 06 / 2025**Transaction ID : 61001**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ACTBLUE**Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2491.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2025**Transaction ID : 61001E**

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 24  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

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

**A. Everytown For Gun Safety Action Fund Inc**

Mailing Address PO Box 4184

City  
New YorkState  
NYZip Code  
10163-4184FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369039.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2025

Transaction ID : 61137

Amount of Each Receipt this Period

54865.36

☐ Memo Item

\* In-Kind: Staff Time, Overhead, Travel Expenses

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

**B. Gokhale, Ashwin, , ,**

Mailing Address 2546 44Th Ave

City

San Francisco

State

CA

Zip Code

94116-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

WilmerHale LLP

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2025

Transaction ID : 60999

Amount of Each Receipt this Period

51.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ACTBLUE**Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2491.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2025

Transaction ID : 60999E

Amount of Each Receipt this Period

51.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

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

54916.36



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 24  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

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

**A. Hexberg, Maryanne, , ,**

Mailing Address 200 George Rogers Rd

City  
CharlottesvilleState  
VAZip Code  
22911-8402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

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 / 14 / 2025

Transaction ID : 61000

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. ACTBLUE**Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2491.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2025

Transaction ID : 61000E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Keest, Kathleen, E, ,**

Mailing Address 3913 Waveland Dr

City  
Des MoinesState  
IAZip Code  
50311-2638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Retired

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 / 06 / 2025

Transaction ID : 60997

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 24  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

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

**A. Mohrman, William, , ,**

Mailing Address 9353 Notts Ct

City  
Lone TreeState  
COZip Code  
80124-3111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

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 / 28 / 2025

Transaction ID : 61004

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. ACTBLUE**Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2491.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2025

Transaction ID : 61004E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Murphy, Matt, , ,**

Mailing Address 15 Pipers Gln

City  
AndoverState  
MAZip Code  
01810-2334FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

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 / 29 / 2025

Transaction ID : 61006

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 24  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

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

**A. ACTBLUE**Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2491.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : 61006E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Reiter, Peter, , ,**

Mailing Address 66 Keats Ave

City  
HartsdaleState  
NYZip Code  
10530-1114FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2025

Transaction ID : 61007

Amount of Each Receipt this Period

36.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ACTBLUE**Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2491.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2025

Transaction ID : 61007E

Amount of Each Receipt this Period

36.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

36.00

**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 PageFOR LINE NUMBER: PAGE 12 OF 24  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

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

**A. Reiter, Peter, , ,**

Mailing Address 66 Keats Ave

City  
HartsdaleState  
NYZip Code  
10530-1114FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : 61009

Amount of Each Receipt this Period

36.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. ACTBLUE**Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2491.77

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : 61009E

Amount of Each Receipt this Period

36.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Savage, Christiann, , ,**

Mailing Address 4356 Laird Cir

City  
Santa ClaraState  
CAZip Code  
95054-4198FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

256.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2025

Transaction ID : 60998

Amount of Each Receipt this Period

51.27

☐ Memo Item

\* Earmarked Contribution: See Below

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

87.27

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 24  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

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

**A. ACTBLUE**Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2491.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2025

Transaction ID : 60998E

Amount of Each Receipt this Period

51.27

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Weatherman, Lisa, , ,**

Mailing Address 2724 Colanthe Ave

City

Las Vegas

State

NV

Zip Code

89102-2060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Sales

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 / 30 / 2025

Transaction ID : 61005

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**C. ACTBLUE**Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

2491.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : 61005E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

50.00

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

55889.63

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 24  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

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

**A. EVERYTOWN-DEMAND A SEAT PAC**

Mailing Address PO Box 4184

City  
New YorkState  
NYZip Code  
10163-4184FEC ID number of contributing  
federal political committee.**C** C00878009

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1306.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 20 / 2025**Transaction ID : 61139**

Amount of Each Receipt this Period

1306.50

☐ Memo Item

Reimbursement - Software Rental

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

**B. MissionWired**Mailing Address 650 Massachusetts Ave NW  
Ste 505City  
WashingtonState  
DCZip Code  
20001-0198FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2025**Transaction ID : 61136**

Amount of Each Receipt this Period

2025.00

☐ Memo Item

Refund

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

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3331.50

3331.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 24  
(check only one)

<input 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 checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

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

**A. Bank Of America**

Mailing Address 100 N Tryon St

City  
CharlotteState  
NCZip Code  
28202-4000FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

47314.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2025

Transaction ID : 61138

Amount of Each Receipt this Period

9624.32

☐ Memo Item

Interest

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9624.32

9624.32

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

PAGE 16 OF 24

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

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. 50 Plus 1 STRATEGIES LLC**

Mailing Address PO Box 358

City  
San FranciscoState  
CAZip Code  
94104-0358

Purpose of Disbursement

General Strategy Consulting and Travel Reimbursement

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004210

Amount of Each Disbursement this Period

15396.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Credit Card Fees

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004216

Amount of Each Disbursement this Period

6.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Credit Card Fees

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004217

Amount of Each Disbursement this Period

27.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15430.66



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

PAGE 17 OF 24

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

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Credit Card Fees

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004218

Amount of Each Disbursement this Period

22.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Credit Card Fees

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004219

Amount of Each Disbursement this Period

17.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031

Purpose of Disbursement

Credit Card Fees

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004220

Amount of Each Disbursement this Period

24.85

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

64.52

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

PAGE 18 OF 24

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

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 100 N Tryon St

City  
CharlotteState  
NCZip Code  
28202-4000

Purpose of Disbursement

Bank Fee

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004208

Amount of Each Disbursement this Period

563.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Civis Analytics Inc**Mailing Address 200 W Monroe St  
Ste 2200City  
ChicagoState  
ILZip Code  
60606-5070

Purpose of Disbursement

Data Analytics Services

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004202

Amount of Each Disbursement this Period

1893.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Delaware Secretary Of State**

Mailing Address PO Box 898

City  
DoverState  
DEZip Code  
19903-0898

Purpose of Disbursement

Tax

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004207

Amount of Each Disbursement this Period

300.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2757.20

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

PAGE 19 OF 24

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

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Everytown For Gun Safety Action Fund Inc**

Mailing Address PO Box 4184

City  
New YorkState  
NYZip Code  
10163-4184

Purpose of Disbursement

In-Kind Received: Staff Time, Overhead, Travel Expenses

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004221

Amount of Each Disbursement this Period

54865.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Geller & Company**Mailing Address 909 3Rd Ave  
FI 16HCity  
New YorkState  
NYZip Code  
10022-4731

Purpose of Disbursement

Financial &amp; Accounting Services

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004205

Amount of Each Disbursement this Period

5416.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Service**

Mailing Address PO Box 37008

City  
HartfordState  
CTZip Code  
06176-7008

Purpose of Disbursement

Taxes

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004209

Amount of Each Disbursement this Period

59598.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

119880.25

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

PAGE 20 OF 24

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

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Lebin Yates Consulting, LLC**

Mailing Address PO Box 41112

City  
AustinState  
TXZip Code  
78704-0019

Purpose of Disbursement

Compliance Consulting

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8			2	0	2	5		

FEC Identification Number

C

**Transaction ID : 500004203**

Amount of Each Disbursement this Period

4550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NGP Van Inc.**Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158

Purpose of Disbursement

Software Rental

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8			2	0	2	5		

FEC Identification Number

C

**Transaction ID : 500004204**

Amount of Each Disbursement this Period

1306.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NGP Van Inc.**Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158

Purpose of Disbursement

Software Rental

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	5		

FEC Identification Number

C

**Transaction ID : 500004211**

Amount of Each Disbursement this Period

5602.80

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

11459.30

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

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

PAGE 21 OF 24

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

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)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. NGP Van Inc.**Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158

Purpose of Disbursement

Software Rental

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004212

Amount of Each Disbursement this Period

5602.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NGP Van Inc.**Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158

Purpose of Disbursement

Software Rental

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004213

Amount of Each Disbursement this Period

5602.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NGP Van Inc.**Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158

Purpose of Disbursement

Software Rental

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004214

Amount of Each Disbursement this Period

5602.80

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

16808.40

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

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

PAGE 22 OF 24

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

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. NGP Van Inc.**Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158

Purpose of Disbursement

Software Rental

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004215

Amount of Each Disbursement this Period

5602.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Venable LLP**Mailing Address 750 E Pratt St  
Ste 900City  
BaltimoreState  
MDZip Code  
21202-3157

Purpose of Disbursement

Legal Fees

Candidate Name

001

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500004206

Amount of Each Disbursement this Period

8520.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

14122.79

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

180523.12

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 OF 24

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Lebin Yates Consulting, LLC**

Nature of Debt (Purpose):

Compliance Consulting

Mailing Address PO Box 41112

City  
AustinState  
TXZip Code  
78704-0019

Outstanding Balance Beginning This Period

4550.00

Transaction ID : 1250000255

Amount Incurred This Period

4550.00

Payment This Period

4550.00

Outstanding Balance at Close of This Period

4550.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**50 Plus 1 STRATEGIES LLC**

Nature of Debt (Purpose):

General Strategy Consulting and Travel  
Reimbursement

Mailing Address PO Box 358

City  
San FranciscoState  
CAZip Code  
94104-0358

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000258

Amount Incurred This Period

18234.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18234.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Geller & Company**

Nature of Debt (Purpose):

Financial &amp; Accounting Services

Mailing Address 909 3Rd Ave  
FI 16HCity  
New YorkState  
NYZip Code  
10022-4731

Outstanding Balance Beginning This Period

5416.89

Transaction ID : 1250000249

Amount Incurred This Period

6810.78

Payment This Period

5416.89

Outstanding Balance at Close of This Period

6810.78

1) **SUBTOTALS** This Period This Page (optional)..... ►

29594.78

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 OF 24

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Venable LLP**

Nature of Debt (Purpose):

Legal Services

Mailing Address 750 E Pratt St  
Ste 900City  
BaltimoreState  
MDZip Code  
21202-3157

Outstanding Balance Beginning This Period

8520.00

Transaction ID : 1250000257

Amount Incurred This Period

0.00

Payment This Period

8520.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

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

29594.78

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

29594.78