

# 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

Nancy Pelosi Victory Fund

ADDRESS (number and street) 430 South Capitol St, SE  
2nd Floor  
Washington DC 20003

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00492421

3. IS THIS REPORT  NEW (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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2015 through [MM] / [DD] / [YYYY] 03 / 31 / 2015

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 Kelly C. Ward

Signature of Treasurer Kelly C. Ward [Electronically Filed] Date 04 / 10 / 2015

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Nancy Pelosi Victory Fund

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="745.05"/>	<input type="text" value="745.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="745.05"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="748225.00"/>	<input type="text" value="748225.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="748970.05"/>	<input type="text" value="748970.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="722819.30"/>	<input type="text" value="722819.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26150.75"/>	<input type="text" value="26150.75"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Nancy Pelosi Victory Fund**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	748000.00	748000.00
(ii) Unitemized .....	225.00	225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	748225.00	748225.00
(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) .....	748225.00	748225.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	748225.00	748225.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	748225.00	748225.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2819.30	2819.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2819.30	2819.30
22. Transfers to Affiliated/Other Party Committees.....	720000.00	720000.00
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 (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	722819.30	722819.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	722819.30	722819.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	748225.00	748225.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	748225.00	748225.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	2819.30	2819.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	2819.30	2819.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. John D. Goldman</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2015
Mailing Address 455 Market Street Suite 1690		<b>Transaction ID : SA11AI-192</b>
City San Francisco	State CA	Zip Code 94105-2444
FEC ID number of contributing federal political committee.	C	
Name of Employer N/A	Occupation Community Volunteer	Amount of Each Receipt this Period 42600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 42600.00	

Full Name (Last, First, Middle Initial) <b>B. Curtis S. Engelhard</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2015
Mailing Address 180 Pecona Way		<b>Transaction ID : SA11AI-194</b>
City Portola Valley	State CA	Zip Code 94028
FEC ID number of contributing federal political committee.	C	
Name of Employer N/A	Occupation Retired	Amount of Each Receipt this Period 43800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 43800.00	

Full Name (Last, First, Middle Initial) <b>C. William S. Price III.</b>		Date of Receipt MM / DD / YYYY 03 / 02 / 2015
Mailing Address 135 E Sir Francis Drake Blvd.		<b>Transaction ID : SA11AI-198</b>
City Larkspur	State CA	Zip Code 94939-1860
FEC ID number of contributing federal political committee.	C	
Name of Employer Classic Wines LLC	Occupation Proprietor	Amount of Each Receipt this Period 10000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. Michael S. Klein</b>			Date of Receipt MM / DD / YYYY 03 / 11 / 2015
Mailing Address P.O. Box 911			<b>Transaction ID : SA11AI-202</b>
City Palm Beach	State FL	Zip Code 33480	Amount of Each Receipt this Period 43800.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 43800.00		

Full Name (Last, First, Middle Initial) <b>B. Ronald C. Conway</b>			Date of Receipt MM / DD / YYYY 03 / 11 / 2015
Mailing Address 2000 Washington St			<b>Transaction ID : SA11AI-205</b>
City San Francisco	State CA	Zip Code 94109	Amount of Each Receipt this Period 43800.00
FEC ID number of contributing federal political committee. C			
Name of Employer SV Angel LLC	Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 43800.00		

Full Name (Last, First, Middle Initial) <b>C. Charles M. Geschke</b>			Date of Receipt MM / DD / YYYY 03 / 13 / 2015
Mailing Address 220 University Ave			<b>Transaction ID : SA11AI-200</b>
City Los Altos	State CA	Zip Code 94022	Amount of Each Receipt this Period 21900.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 21900.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	109500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

**A. Kathryn Ann Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Maritime Plz, Ste 2100  
Farallon Capital Mngt LLC

City San Francisco State CA Zip Code 94111

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

Name of Employer One PacificCoast Bank Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
43800.00

Date of Receipt  
03 / 13 / 2015  
Transaction ID : SA11AI-204

Amount of Each Receipt this Period  
43800.00

**B. Carole Shorenstein Hays**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 Montgomery Street  
Floor 16

City San Francisco State CA Zip Code 94104-3104

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

Name of Employer Self-Employed Occupation Theatrical Production

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
43800.00

Date of Receipt  
03 / 13 / 2015  
Transaction ID : SA11AI-201

Amount of Each Receipt this Period  
43800.00

**C. Nancy A. Geschke**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 University Ave

City Los Altos State CA Zip Code 94022

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
21900.00

Date of Receipt  
03 / 16 / 2015  
Transaction ID : SA11AI-199

Amount of Each Receipt this Period  
21900.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 109500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. Mark L. Schlesinger</b>		Date of Receipt
Mailing Address 100 First Street 14th Floor		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City San Francisco	State CA	Zip Code 94015
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI-206</b>
Name of Employer Self-Employed	Occupation Investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="21900.00"/>
	<input type="text" value="21900.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Christine H. Russell</b>		Date of Receipt
Mailing Address 100 First Street 14th Floor		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI-207</b>
Name of Employer Self-Employed	Occupation Investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="21900.00"/>
	<input type="text" value="21900.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Douglas E Goldman</b>		Date of Receipt
Mailing Address 2520 Union Street		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City San Francisco	State CA	Zip Code 94123
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI-210</b>
Name of Employer Certain Software, Inc	Occupation Software Publisher	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="21900.00"/>
	<input type="text" value="21900.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="65700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

**A. Lisa M. Goldman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2520 Union Street

City San Francisco State CA Zip Code 94123

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
21900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : SA11AI-211**

Amount of Each Receipt this Period  
21900.00

**B. Dr. Diane Mosbacher**  
Full Name (Last, First, Middle Initial)

Mailing Address 3570 Clay Street

City San Francisco State CA Zip Code 94118-1839

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

Name of Employer Self Employed Occupation Filmmaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : SA11AI-203**

Amount of Each Receipt this Period  
10000.00

**C. Herbert M. Sandler**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Embarcadero Ctr Suite 3150

City San Francisco State CA Zip Code 94111

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

Name of Employer Sandler Foundation Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
43800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : SA11AI-208**

Amount of Each Receipt this Period  
43800.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

**A. Judith Marcus**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27900 Black Mountain Rd  
City Los Altos State CA Zip Code 94022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 43800.00

Date of Receipt  
03 / 23 / 2015  
**Transaction ID : SA11AI-214**  
Amount of Each Receipt this Period  
43800.00

**B. George M. Marcus**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27900 Black Mountain Rd  
City Los Altos State CA Zip Code 94022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Marcus & Millichap Occupation Chairman  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 43800.00

Date of Receipt  
03 / 23 / 2015  
**Transaction ID : SA11AI-215**  
Amount of Each Receipt this Period  
43800.00

**C. Thomas F. Steyer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Maritime Plz, Suite 2100 Farallon Capital Management, LLC  
City San Francisco State CA Zip Code 94111-3511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Next Generation Occupation Co-Founder and Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 43800.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : SA11AI-221**  
Amount of Each Receipt this Period  
43800.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 131400.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

**A. Roselyne C. Swig**  
Full Name (Last, First, Middle Initial)

Mailing Address 3710 Washington Street

City San Francisco State CA Zip Code 94118-1835

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

Name of Employer Self Employed Occupation Community Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 33400.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11AI-219**

Amount of Each Receipt this Period 33400.00

**B. Sanford R. Robertson**  
Full Name (Last, First, Middle Initial)

Mailing Address 825 Francisco St.

City San Francisco State CA Zip Code 94109

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

Name of Employer Francisco Partners Occupation Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 43800.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : SA11AI-218**

Amount of Each Receipt this Period 43800.00

**C. Elizabeth Simons**  
Full Name (Last, First, Middle Initial)

Mailing Address 383 Walsh Road

City Atherton State CA Zip Code 94027-6456

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 38800.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11AI-220**

Amount of Each Receipt this Period 38800.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 116000.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Silberstein**

Mailing Address 29 Eucalyptus Road

City Belvedere State CA Zip Code 94920-2435

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 43800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11AI-222**

Amount of Each Receipt this Period  
 43800.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	43800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	748000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of America, NA**

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 05 / 2015

Transaction ID : SB21B-190

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Bank of America, NA**

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2015

Transaction ID : SB21B-191

Amount of Each Disbursement this Period

57.37

Full Name (Last, First, Middle Initial)

**C. Bank of America, NA**

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2015

Transaction ID : SB21B-195

Amount of Each Disbursement this Period

50.00

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

157.37

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of America, NA**

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2015

Transaction ID : SB21B-196

Amount of Each Disbursement this Period

57.38

Full Name (Last, First, Middle Initial)

**B. ASAP Printing and Graphics**

Mailing Address 2805 Mount Vernon Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Generic Cmte. Printing

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

Transaction ID : SB21B-193

Amount of Each Disbursement this Period

2492.76

Full Name (Last, First, Middle Initial)

**C. Bank of America, NA**

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2015

Transaction ID : SB21B-212

Amount of Each Disbursement this Period

50.00

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

2600.14

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Bank of America, NA**

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SB21B-213**

Amount of Each Disbursement this Period

60.80

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Generic Cmte. Bank Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SB21B-217**

Amount of Each Disbursement this Period

0.99

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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 Y Y

Amount of Each Disbursement this Period

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

61.79

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

2819.30



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2015

Mailing Address 430 South Capitol Street SE  
2nd Floor

**Transaction ID : SB22-197**

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

61000.00
----------

Purpose of Disbursement  
Transfer

--

Candidate Name

**Democratic Congressional Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Mailing Address 700 13th Street NW  
Suite 600

**Transaction ID : SB22-224**

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

102000.00
-----------

Purpose of Disbursement  
Transfer

--

Candidate Name

**Nancy Pelosi for Congress**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Mailing Address 430 South Capitol Street SE  
2nd Floor

**Transaction ID : SB22-225**

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

467000.00
-----------

Purpose of Disbursement  
Transfer

--

Candidate Name

**Democratic Congressional Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

630000.00
-----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Nancy Pelosi Victory Fund**

Full Name (Last, First, Middle Initial)

**A. PAC to the Future**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Transfer

Candidate Name  
**PAC to the Future**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
03 / 31 / 2015

**Transaction ID : SB22-226**

Amount of Each Disbursement this Period

90000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

90000.00

720000.00