

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

NY CONGRESSIONAL VICTORY FUND

ADDRESS (number and street) ▼

228 S WASHINGTON ST STE 115

Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. **FEC IDENTIFICATION NUMBER** ▼

C C00558577

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

NY

19

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Lisa Lisker

Signature of Treasurer Lisa Lisker

[Electronically Filed]

Date

/  /

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

Write or Type Committee Name  
**NY CONGRESSIONAL VICTORY FUND**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	256400.00	256900.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	256400.00	256900.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	19943.78	19943.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19943.78	19943.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15100.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**NY CONGRESSIONAL VICTORY FUND**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	256400.00	256900.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	256400.00	256900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	256400.00	256900.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	256400.00	256900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19943.78	19943.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	221856.22	221856.22
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	241800.00	241800.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	500.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	256400.00
25. SUBTOTAL (add Line 23 and Line 24).....	256900.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	241800.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

**A.** Full Name (Last, First, Middle Initial)  
**Akbar Ayaz**

Mailing Address 30 General Waterbury Ln.

City State Zip Code  
Stamford CT 06902

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

Name of Employer Occupation  
Elliott Management Corp Manager

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2014

**Transaction ID : SA11AI.4138**

Amount of Each Receipt this Period  
4500.00

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

Mailing Address 88 Leonard St.  
#608

City State Zip Code  
New York NY 10013

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

Name of Employer Occupation  
Goldman Sachs Co Investment Banker

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2014

**Transaction ID : SA11AI.4122**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 440 West End Avenue  
#6A

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Elliott Management Corp Finance

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2014

**Transaction ID : SA11AI.4166**

Amount of Each Receipt this Period  
4500.00

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

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

9300.00

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

**A.** Full Name (Last, First, Middle Initial)  
**Jesse Cohn**

Mailing Address 101 Warren St.

City State Zip Code  
New York NY 10007

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

Name of Employer Occupation  
Elliott Management Corp Finance

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
13000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2014

**Transaction ID : SA11AI.4160**

Amount of Each Receipt this Period  
13000.00

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

Mailing Address 1 Central Park West #24C

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Wood Capital Partners Consultant

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2014

**Transaction ID : SA11AI.4150**

Amount of Each Receipt this Period  
5200.00

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

Mailing Address 114 S. Fayette St.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2014

**Transaction ID : SA11AI.4154**

Amount of Each Receipt this Period  
1000.00

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

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

19200.00

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

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

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. Elliot Greenberg</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2014	
Mailing Address 35 Winding Brook Rd.		<b>Transaction ID : SA11AI.4162</b>	
City New Rochelle	State NY	Zip Code 10804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3900.00	
Name of Employer Elliott Management Corp	Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3900.00		

Full Name (Last, First, Middle Initial) <b>B. Lee Grinberg</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 40 West 57th St.		<b>Transaction ID : SA11AI.4128</b>	
City New York	State NY	Zip Code 10019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15600.00	
Name of Employer Elliott Management Corp	Occupation Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15600.00		

Full Name (Last, First, Middle Initial) <b>C. Jaime Hobbeheydar</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 80 Riverside Blvd. Apt. 6J		<b>Transaction ID : SA11AI.4130</b>	
City New York	State NY	Zip Code 10069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7800.00	
Name of Employer Elliott Management Corp	Occupation Investments		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27300.00
<b>TOTAL</b> This Period (last page this line number only).....	27300.00

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

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

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. Keith L. Horn</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 57 Maria Rd.		<b>Transaction ID : SA11AI.4136</b>	
City Woodcliff Lake	State NJ	Zip Code 07677	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7800.00	
Name of Employer Elliott Management Corp	Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7800.00		

Full Name (Last, First, Middle Initial) <b>B. Terry Kassel</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2014	
Mailing Address 44 W. 77th St. Apt. 12E		<b>Transaction ID : SA11AI.4146</b>	
City New York	State NY	Zip Code 10024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13000.00	
Name of Employer Elliott Management Corp	Occupation Strategic HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13000.00		

Full Name (Last, First, Middle Initial) <b>C. Bonnie J. Loeb</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 315 East 69th St. Apt. 10A		<b>Transaction ID : SA11AI.4116</b>	
City New York	State NY	Zip Code 10021	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13000.00	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	33800.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]



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

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

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

**A.** Full Name (Last, First, Middle Initial)  
**Dave J. Miller**

Mailing Address 347 W. Broadway  
Apt. 7

City State Zip Code  
New York NY 10013

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

Name of Employer Occupation  
Elliott Management Corp Portfolio Manager

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
13000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SA11AI.4132**

Amount of Each Receipt this Period  
13000.00

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

Mailing Address 28 Cayuga Way

City State Zip Code  
Short Hills NJ 07078

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

Name of Employer Occupation  
Elliott Management Corp CFO

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
7800.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SA11AI.4124**

Amount of Each Receipt this Period  
7800.00

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

Mailing Address 40 W 57th St.

City State Zip Code  
New York NY 10011

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

Name of Employer Occupation  
Elliott Management Corp Money Manager

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
10400.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2014

**Transaction ID : SA11AI.4152**

Amount of Each Receipt this Period  
10400.00

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

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

31200.00

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

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

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

**A.** Full Name (Last, First, Middle Initial)  
**John Pike**

Mailing Address 88 Central Park  
Apt. 115

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Elliott Management Corp Portfolio Manager

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
13000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2014

**Transaction ID : SA11AI.4164**

Amount of Each Receipt this Period  
13000.00

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

Mailing Address 111 W. 67th St.

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Elliott Management Corp Executive

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
13000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.4142**

Amount of Each Receipt this Period  
13000.00

**C.** Full Name (Last, First, Middle Initial)  
**Tea Nadezda Z. Pollock**

Mailing Address 111 W. 67th St.

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
N/a Homemaker

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
13000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.4144**

Amount of Each Receipt this Period  
13000.00

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

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

39000.00

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

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

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

**A.** Full Name (Last, First, Middle Initial)  
**Richard S. Ritholz**

Mailing Address 282 Hartshorn Dr.

City Short Hills State NJ Zip Code 07078

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

Name of Employer Elliott Management Corp Occupation Portfolio Manager

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
13000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : SA11AI.4148**

Amount of Each Receipt this Period  
13000.00

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

Mailing Address 16 Samantha Dr.

City Monroe Township State NJ Zip Code 08831

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

Name of Employer Elliott Management Corp Occupation Trader

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
13000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : SA11AI.4156**

Amount of Each Receipt this Period  
13000.00

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

Mailing Address 141 Parsonage Rd.

City Greenwich State CT Zip Code 06830

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
13000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 04 / 2014

**Transaction ID : SA11AI.4120**

Amount of Each Receipt this Period  
13000.00

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

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

39000.00

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

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

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

**A.** Full Name (Last, First, Middle Initial)  
**Robert P. Ryan**

Mailing Address 141 Parsonage Rd.

City State Zip Code  
Greenwich CT 06830

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

Name of Employer Occupation  
Elliott Management Corp Manager

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
13000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SA11AI.4118**

Amount of Each Receipt this Period  
13000.00

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

Mailing Address 90 Riverside Dr.  
Apt. 12G

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Elliott Management Corp Portfolio Manager

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
7800.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.4140**

Amount of Each Receipt this Period  
7800.00

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

Mailing Address 529 Fifth Ave.

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation  
Elliott Management Corp Finance

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
10400.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2014

**Transaction ID : SA11AI.4158**

Amount of Each Receipt this Period  
10400.00

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

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

31200.00

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

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

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. Michael Simoff</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 951		<b>Transaction ID : SA11AI.4112</b>
City New Vernon	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13000.00
Name of Employer Elliott Management Corp	Occupation Portfolio Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13000.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Singer</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1 West 81st St.		<b>Transaction ID : SA11AI.4114</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10400.00
Name of Employer Elliott Management Corp	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10400.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen Spruiell</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1520 York Ave. Apt. 21H		<b>Transaction ID : SA11AI.4134</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Elliott Management Corp	Occupation Public Affairs Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	24400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

**A.** Full Name (Last, First, Middle Initial)  
**Joshua Swidler**

Mailing Address 68 Sewall Rd.

City State Zip Code  
Wolfeboro NH 03894

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

Name of Employer Occupation  
Elliott Management Corp Portfolio Manager

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 04 / 2014

**Transaction ID : SA11Al.4126**

Amount of Each Receipt this Period  
2000.00

**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)

Election Cycle-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)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2000.00

256400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. Bacco LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014		
Mailing Address 51 Knox Ave.			Amount of Each Disbursement this Period 1455.20		
City Cliffside Park	State NJ	Zip Code 07010	Transaction ID : SB17.4171		
Purpose of Disbursement JFC Catering		Category/ Type			
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014		
Mailing Address 1909 K St., NW			Amount of Each Disbursement this Period 254.00		
City Washington	State DC	Zip Code 20006	Transaction ID : SB17.4183		
Purpose of Disbursement Merchant Fees		Category/ Type			
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014		
Mailing Address 1909 K St., NW			Amount of Each Disbursement this Period 9.95		
City Washington	State DC	Zip Code 20006	Transaction ID : SB17.4185		
Purpose of Disbursement Merchant Fees		Category/ Type			
Candidate Name					
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1719.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>			Date of Disbursement MM / DD / YYYY 06 / 16 / 2014		
Mailing Address 1909 K St., NW			Amount of Each Disbursement this Period 9.95		
City Washington	State DC	Zip Code 20006	Transaction ID : SB17.4187		
Purpose of Disbursement Merchant Fees		Category/ Type			
Candidate Name					
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: _____				

Full Name (Last, First, Middle Initial) <b>B. Elliott Management Group</b>			Date of Disbursement MM / DD / YYYY 06 / 18 / 2014		
Mailing Address 40 West 57th St.			Amount of Each Disbursement this Period 1000.00		
City New York	State NY	Zip Code 10019	Transaction ID : SB17.4173		
Purpose of Disbursement JFC Room Rental		Category/ Type			
Candidate Name					
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: _____				

Full Name (Last, First, Middle Initial) <b>c. John McLean</b>			Date of Disbursement MM / DD / YYYY 06 / 18 / 2014		
Mailing Address 455 W. 44th ST., #35			Amount of Each Disbursement this Period 548.19		
City New York	State NY	Zip Code 10036	Transaction ID : SB17.4169		
Purpose of Disbursement JFC Catering		Category/ Type			
Candidate Name					
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1558.14
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. SBR Enterprises LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014		
Mailing Address 25023 Algonquin Trail			Amount of Each Disbursement this Period 16482.85		
City Culpeper	State VA	Zip Code 22701	Transaction ID : SB17.4167		
Purpose of Disbursement Fundraising Consulting/Travel		Category/ Type			
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
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:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16482.85
<b>TOTAL</b> This Period (last page this line number only).....	19760.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 18
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**NY CONGRESSIONAL VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. CHRIS GIBSON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 234		Amount of Each Disbursement this Period 89554.26 <b>Transaction ID : SB18.4177</b>
City SARATOGA SPRINGS	State NY	
Zip Code 12866	Purpose of Disbursement Distribution of net JFC proceeds	Category/ Type 008
Candidate Name <b>CHRISTOPHER P GIBSON</b>	Office Sought: <input checked="" 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: NY District: 19	

Full Name (Last, First, Middle Initial) <b>B. ELISE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 338		Amount of Each Disbursement this Period 46374.77 <b>Transaction ID : SB18.4179</b>
City WILLSBORO	State NY	
Zip Code 12996	Purpose of Disbursement Distribution of net JFC proceeds	Category/ Type 008
Candidate Name <b>ELISE M STEFANIK</b>	Office Sought: <input checked="" 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: NY District: 21	

Full Name (Last, First, Middle Initial) <b>C. TOM REED FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO BOX 391		Amount of Each Disbursement this Period 85927.19 <b>Transaction ID : SB18.4178</b>
City GENEVA	State NY	
Zip Code 14456	Purpose of Disbursement Distribution of net JFC proceeds	Category/ Type 008
Candidate Name <b>THOMAS W REED II</b>	Office Sought: <input checked="" 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: NY District: 23	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	221856.22
<b>TOTAL</b> This Period (last page this line number only).....	221856.22