

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 RAND PAUL VICTORY COMMITTEE

ADDRESS (number and street) PO BOX 72190 NEWPORT KY 41072

2. FEC IDENTIFICATION NUMBER C C00545848 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 2014

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 KEVIN BROGHAMER

Signature of Treasurer KEVIN BROGHAMER [Electronically Filed] Date 04 / 15 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

RAND PAUL VICTORY COMMITTEE

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="2013"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="5660.00"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="258723.36"/> | <input type="text" value="258723.36"/> |
| (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="264383.36"/> | <input type="text" value="258723.36"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="150473.36"/> | <input type="text" value="150473.36"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="113910.00"/> | <input type="text" value="108250.00"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY 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

RAND PAUL VICTORY COMMITTEE

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)..... | 233203.20 | 233203.20 |
| (ii) Unitemized | 4420.16 | 4420.16 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 237623.36 | 237623.36 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 21100.00 | 21100.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 258723.36 | 258723.36 |
| 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))..... ▶ | 258723.36 | 258723.36 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 258723.36 | 258723.36 |

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 | 25935.74 | 25935.74 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 25935.74 | 25935.74 |
| 22. Transfers to Affiliated/Other Party Committees..... | 121937.62 | 121937.62 |
| 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 | 2600.00 | 2600.00 |
| (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))..... | 2600.00 | 2600.00 |
| 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)) .. | 150473.36 | 150473.36 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 150473.36 | 150473.36 |

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) | 258723.36 | 258723.36 |
| 34. Total Contribution Refunds (from Line 28(d)) | 2600.00 | 2600.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 256123.36 | 256123.36 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 25935.74 | 25935.74 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 25935.74 | 25935.74 |

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

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

FOR LINE NUMBER: PAGE 6 OF 73
(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)
RAND PAUL VICTORY COMMITTEE

A. DR. MICHEL ACCAD M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1455 6TH AVENUE
 City SAN FRANCISCO State CA Zip Code 94122-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1009
 Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. MR. JONATHAN ANDRON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3714 ROSE CT
 City LAFAYETTE State CA Zip Code 94549-3030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PRIVATE INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1041
 Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

C. DR. PAUL N. ARNOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 481 ASHLAND LOOP ROAD
 City ASHLAND State OR Zip Code 97520-2985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11.934
 Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **3250.00**
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 7 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. MRS. PRISCILLA P. ARNOLD

Mailing Address **481 ASHLAND LOOP ROAD**

City **ASHLAND** State **OR** Zip Code **97520-2985**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
03 / 10 / 2014
Transaction ID : SA11.932

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. SCOTT A. AUGUSTINE

Mailing Address **10130 WYNDHAM CT**

City **SUWANEE** State **GA** Zip Code **30024-5390**

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

Name of Employer **CHAMBERLAIN, HRDLICKA, WHITE, WILLIAMS** Occupation **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5200.00**

Date of Receipt
02 / 04 / 2014
Transaction ID : SA11.882

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. IRVING W. BAILEY II

Mailing Address **P.O. BOX 3242**

City **PALM BEACH** State **FL** Zip Code **33480-1442**

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

Name of Employer **HOSPIRA BOARD** Occupation **BOARD OF DIRECTORS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2600.00**

Date of Receipt
03 / 30 / 2014
Transaction ID : SA11.1014

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► **8050.00**

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 8 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. SHEILA BAILEY

Mailing Address 246 ELIZABETH ST. NE

City ATLANTA State GA Zip Code 30307-1906

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

Name of Employer RUBICON GLOBAL Occupation CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : SA11.943

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. CLARK BAKER

Mailing Address P.O. BOX 1507

City STUDIO CITY State CA Zip Code 91614-0507

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

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
 03 / 30 / 2014
Transaction ID : SA11.1030

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. BROCK BAKEWELL M.D.

Mailing Address 6099 N. PLACITA FRESHILLO

City TUCSON State AZ Zip Code 85750-1257

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2014
Transaction ID : SA11.957

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4100.00 |
| 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 9 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. MR. JERALD T. BALDRIDGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1925 CEDAR SPRINGS ROAD #303
 City DALLAS State TX Zip Code 75201-1785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REPUBLIC ENERGY Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 10 / 2014
Transaction ID : SA11.930
 Amount of Each Receipt this Period 2000.00
 CONTRIBUTION

B. MR. GORDON HUNTER BATES
 Full Name (Last, First, Middle Initial)
 Mailing Address 12918 CRESTMOOR CIRCLE
 City PROSPECT State KY Zip Code 40059-8116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REPUBLIC CONSULTING Occupation PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 31 / 2014
Transaction ID : SA11.1087
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. MR. ALEX BELTRAMO
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 ARKANSAS STREET
 City SAN FRANCISCO State CA Zip Code 94107-2401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROGUE SWORD Occupation SOFTWARE DEVELOPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2014
Transaction ID : SA11.1018
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3500.00 |
| 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 10 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. DR. STEVE BENSON D.D.S.
 Mailing Address 5612 SAINT MORITZ ST.
 City State Zip Code
 BELLAIRE TX 77401-2617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED DENTIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11.923
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. KEITH BERNSTEIN
 Mailing Address 3526 17TH STREET
 City State Zip Code
 SAN FRANCISCO CA 94110-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 APPLE COMPUTERS SOFTWARE ENGINEER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1019
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. MARSHALL G. BEROL
 Mailing Address 2527 GOUGH STRET
 City State Zip Code
 SAN FRANCISCO CA 94123-5012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED SELF-EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : SA11.1053
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
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 11 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. BRADLEY C. BLACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 HILLTOP RD
 City State Zip Code
 FLOYDS KNOBS IN 47119-9726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EYE ASSOCIATES OF SOUTHERN INDIANA OPHTHALMOLOGIST
 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
 03 / 22 / 2014
Transaction ID : SA11.967
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. MRS. KIMBERLY J. BLACKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 67440 FALLOURE ROAD
 City State Zip Code
 BELMONT OH 43718-9718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 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
 03 / 31 / 2014
Transaction ID : SA11.1061
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. DR. KEVIN C. BOOTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1078 S. WEDGEWOOD ROAD
 City State Zip Code
 SAN RAMON CA 94582-5823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NCSI ORTHOPAEDIC SURGEON
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1006
 Amount of Each Receipt this Period
 5200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6200.00
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 73 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. KRISTINA P. BORDEN
Full Name (Last, First, Middle Initial)

Mailing Address 1 HILLCREST RD

City TIBURON State CA Zip Code 94920-1105

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt: **03 / 22 / 2014**

Transaction ID : SA11.963

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

B. MR. DAVID C. BREECE III
Full Name (Last, First, Middle Initial)

Mailing Address 979 PINTO PALM TERRACE, APT. 10

City SUNNYVALE State CA Zip Code 94087-3798

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

Name of Employer: **APPLE** Occupation: **ELECTRICAL ENGINEER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **03 / 30 / 2014**

Transaction ID : SA11.1026

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

C. DR. MARY G. BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 3845 CLUB DRIVE NE

City ATLANTA State GA Zip Code 30319-1109

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

Name of Employer: **ATLANTA OPHTHALMOLOGY** Occupation: **DOCTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **03 / 25 / 2014**

Transaction ID : SA11.978

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| 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 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. REAY H. BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3845 CLUB DRIVE NE
 City ATLANTA State GA Zip Code 30319-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ATLANTA OPHTHALMOLOGY Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2014
Transaction ID : SA11.983
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. DR. JAMES BRYAN M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 HILLCREST CIR.
 City CHAPEL HILL State NC Zip Code 27514-5932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2014
Transaction ID : SA11.953
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. KEVIN J. BUEHLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4709 SANTA COVA COURT
 City FORT WORTH State TX Zip Code 76126-1940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALCON LABS Occupation DIVISION HEAD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2014
Transaction ID : SA11.968
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1250.00
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 14 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. DR. ROBERT BULLINGTON
Full Name (Last, First, Middle Initial)

Mailing Address 3409 E. CLAREMONT AVE.

| | | |
|-----------------|-------|------------|
| City | State | Zip Code |
| PARADISE VALLEY | AZ | 85253-3705 |

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

| | |
|-------------------------------|-----------------|
| Name of Employer | Occupation |
| BILTMORE EYE PHYSICIANS, P.C. | OPHTHALMOLOGIST |

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 |
| 02 | / | 04 | / | 2014 |

Transaction ID : SA11.888

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. DR. FRANK R. BURNS M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 301 PEPPERBUSH RD

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| LOUISVILLE | KY | 40207-5707 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| SELF-EMPLOYED | PHYSICIAN |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 10 | / | 2014 |

Transaction ID : SA11.926

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. MR. PETER J. BUXTUN
Full Name (Last, First, Middle Initial)

Mailing Address 1730 KEARNY STREET

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| SAN FRANCISCO | CA | 94133-2468 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| RETIRED | 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 |
| 03 | / | 30 | / | 2014 |

Transaction ID : SA11.1042

Amount of Each Receipt this Period
500.00

CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 15 OF 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. CHARLES CAGNON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 156486

| | | |
|-----------------------|-------------|------------------------|
| City SAN FRANCISCO | State CA | Zip Code 94115-6486 |
|-----------------------|-------------|------------------------|

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

| | |
|-----------------------------------|------------------------|
| Name of Employer SELF-EMPLOYED | Occupation INVESTOR |
|-----------------------------------|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2014
Transaction ID : SA11.964

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. MR. CHRIS L. CASTELLAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 956 NORTHCLIFFE DR. NW

| | | |
|-----------------|-------------|------------------------|
| City ATLANTA | State GA | Zip Code 30318-1661 |
|-----------------|-------------|------------------------|

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

| | |
|--|---------------------------------|
| Name of Employer UBS FINANCIAL SERVICES, INC. | Occupation FINANCIAL ADVISOR |
|--|---------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : SA11.906

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

C. MR. WILLIAM C. CESARONI
 Full Name (Last, First, Middle Initial)
 Mailing Address 649 GLENAYRE DRIVE

| | | |
|------------------|-------------|------------------------|
| City GLENVIEW | State IL | Zip Code 60025-4408 |
|------------------|-------------|------------------------|

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

| | |
|-----------------------------------|------------------------|
| Name of Employer SELF-EMPLOYED | Occupation DESIGNER |
|-----------------------------------|------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2014
Transaction ID : SA11.872

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4600.00 |
| 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 16 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. DR. DAVID CHANG
Full Name (Last, First, Middle Initial)

Mailing Address 762 ALTOS OAKS DR

City LOS ALTOS State CA Zip Code 94024-5434

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 03 / 22 / 2014
Transaction ID : SA11.975

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. DR. BENJAMIN W. CILENTO
Full Name (Last, First, Middle Initial)

Mailing Address 7 EASTWOOD PLACE

City THE WOODLANDS State TX Zip Code 77382-1395

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

Name of Employer SELF-EMPLOYED Occupation OTOLARYNGOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 03 / 10 / 2014
Transaction ID : SA11.928

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. DR. ROBERT CIONNI M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 755 E. 3900

City SALT LAKE CITY State UT Zip Code 84107-2105

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

Name of Employer THE EYE INSTITUTE OF UTAH Occupation OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 03 / 07 / 2014
Transaction ID : SA11.959

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 17 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. FREDERIC T. CLINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 24737 ARNOLD DRIVE
 City SONOMA State CA Zip Code 95476-9216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE OLIVE PRESS Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 03 / 31 / 2014
Transaction ID : SA11.1051
 Amount of Each Receipt this Period 2600.00
 CONTRIBUTION

B. MRS. NANCY J. CLINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 24737 ARNOLD DRIVE
 City SONOMA State CA Zip Code 95476-9216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CLINE CELLARS INC. Occupation WINERY OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 03 / 31 / 2014
Transaction ID : SA11.1056
 Amount of Each Receipt this Period 2600.00
 CONTRIBUTION

C. MS. SUSAN PHIPPS COCHRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 441 N. LAKE WAY
 City PALM BEACH State FL Zip Code 33480-3636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation SCULPTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5200.00

Date of Receipt 03 / 30 / 2014
Transaction ID : SA11.1031
 Amount of Each Receipt this Period 2600.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7800.00
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 18 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MS. SUSAN PHIPPS COCHRAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 441 N. LAKE WAY
 City PALM BEACH State FL Zip Code 33480-3636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation SCULPTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5200.00

Date of Receipt 03 / 30 / 2014
Transaction ID : SA11.1032
 Amount of Each Receipt this Period 2600.00
 CONTRIBUTION

B. MR. J. ANDY CORLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 SAN BERNARDINO AVENUE
 City NEWPORT BEACH State CA Zip Code 92663-4813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YELROC CONSULTING Occupation ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2014
Transaction ID : SA11.1091
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. MR. CHARLES M. CUSHING
 Full Name (Last, First, Middle Initial)
 Mailing Address 191 PEACHTREE STREET SUITE 4500
 City ATLANTA State GA Zip Code 30303-1724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CUSHING MORRIS ARMBRUSTER Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 02 / 04 / 2014
Transaction ID : SA11.903
 Amount of Each Receipt this Period 2600.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5450.00
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 19 OF 73 |
| | (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)
RAND PAUL VICTORY COMMITTEE

A. MR. MARK DIOGUARDI
Full Name (Last, First, Middle Initial)

Mailing Address 2953 N. MANOR DR. W.

City PHOENIX State AZ Zip Code 85014-5522

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

Name of Employer DIOGUARDI FLYNN, L.L.P. Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11.898

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. DR. TIMOTHY B. DIXON
Full Name (Last, First, Middle Initial)

Mailing Address 12165 E. MAKOH OH TRAIL

City TUCSON State AZ Zip Code 85749-8179

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

Name of Employer ARIZONA COMMUNITY SURGEONS Occupation ORTHOPAEDIC SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11.901

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. DR. ERIC DONNENFELD M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 5 VERITY LN

City ROSLYN State NY Zip Code 11576-2043

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

Name of Employer OCCI Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11.952

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| 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 20 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. DONALD F. DOUGLAS
Full Name (Last, First, Middle Initial)

Mailing Address 1311 BLUEGRASS PLACE

City WOODLAND State CA Zip Code 95776-

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

Name of Employer WOODSIDE ELECTRONICS CORP Occupation MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 24 / 2014
Transaction ID : SA11.987

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

B. SHAWN DOW
Full Name (Last, First, Middle Initial)

Mailing Address 15671 GOLDEN EAGLE BLVD

City FOUNTAIN HILLS State AZ Zip Code 85268-1823

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

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt 01 / 08 / 2014
Transaction ID : SA11.939

Amount of Each Receipt this Period 201.60

CONTRIBUTION

C. A. EASTON
Full Name (Last, First, Middle Initial)

Mailing Address 785 BOWHILL RD, STE. R

City BURLINGAME State CA Zip Code 94010-6947

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 15 / 2014
Transaction ID : SA11.962

Amount of Each Receipt this Period 2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3201.60

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 21 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. BRUCE JOHN ESSEX JR.
 Mailing Address 1985 E. LAKETON AVENUE
 City State Zip Code
 MUSKEGON MI 49442-6127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TRUE NORTH LIGHTING PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1003
 Amount of Each Receipt this Period
 5200.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. RAMIN FARZANEH-FAR
 Mailing Address 3896 HARVEST DRIVE
 City State Zip Code
 REDWOOD CITY CA 94061-1143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GILEAD SCIENCES DIRECTOR OF RESEARCH
 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
 03 / 30 / 2014
Transaction ID : SA11.1011
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. MARION FORCHT
 Mailing Address 500 SCENIC VIEW DR.
 City State Zip Code
 CORBIN KY 40701-2150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FORCHT INSURANCE AGENCY C.E.O.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1012
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 8300.00
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 22 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. MR. TERRY E. FORCHT
Full Name (Last, First, Middle Initial)

Mailing Address 500 SCENIC VIEW DRIVE

City CORBIN State KY Zip Code 40701-2150

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

Name of Employer FORCHT GROUP OF KENTUCKY Occupation CHAIRMAN/C.E.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11.999

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

B. MR. JAMES H. FRAMPTON JR.
Full Name (Last, First, Middle Initial)

Mailing Address 1061 SODOM HUTCHINGS ROAD SE

City VIENNA State OH Zip Code 44473-9623

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

Name of Employer SERVICE LUMBER COMPANY Occupation LUMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2014

Transaction ID : SA11.862

Amount of Each Receipt this Period
 -600.00

CONTRIBUTION

CHECK RETURNED BY BANK

C. DR. ARNOLD W. GOLDSCHLAGER
Full Name (Last, First, Middle Initial)

Mailing Address 480 MOSELEY ROAD

City HILLSBOROUGH State CA Zip Code 94010-6716

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11.1008

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 23 OF 73 |
| | (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)
RAND PAUL VICTORY COMMITTEE

A. DR. JAMES D. GORDON
Full Name (Last, First, Middle Initial)

Mailing Address 1799 E. BUCK RIDGE PLACE

City TUCSON State AZ Zip Code 85737-6010

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11.887

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. MR. JERRY C. GOULD JR.
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 177

City INDORE State WV Zip Code 25111-0177

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

Name of Employer GOULD'S ELECTRIC MOTOR REPAIR, INC. Occupation MOTOR REPAIR

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
 03 / 30 / 2014

Transaction ID : SA11.992

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. MR. DAVID R. GRIEVE
Full Name (Last, First, Middle Initial)

Mailing Address 465 1ST ST. W.

City SONOMA State CA Zip Code 95476-6600

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

Name of Employer AC VENTURES, INC. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11.960

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2250.00 |
| 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 24 OF 73 |
| | (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)
RAND PAUL VICTORY COMMITTEE

A. MS. JANET MULLINS GRISSOM
Full Name (Last, First, Middle Initial)

Mailing Address 1155 23RD STREET NW #PH2C

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20037-3312 |
|--------------------|-------------|------------------------|

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

| | |
|--|-------------------------|
| Name of Employer PECK MADIGAN JONES & STEWART | Occupation EXECUTIVE |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 10 | / | 2014 |

Transaction ID : SA11.919

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. MS. JANET MULLINS GRISSOM
Full Name (Last, First, Middle Initial)

Mailing Address 1155 23RD STREET NW #PH2C

| | | |
|--------------------|-------------|------------------------|
| City WASHINGTON | State DC | Zip Code 20037-3312 |
|--------------------|-------------|------------------------|

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

| | |
|--|-------------------------|
| Name of Employer PECK MADIGAN JONES & STEWART | Occupation EXECUTIVE |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 10 | / | 2014 |

Transaction ID : SA11.920

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. DR. MERIK S. GROSS
Full Name (Last, First, Middle Initial)

Mailing Address 1475 6TH AVENUE

| | | |
|-----------------------|-------------|------------------------|
| City SAN FRANCISCO | State CA | Zip Code 94122-3810 |
|-----------------------|-------------|------------------------|

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

| | |
|-----------------------------------|-------------------------|
| Name of Employer SELF-EMPLOYED | Occupation PHYSICIAN |
|-----------------------------------|-------------------------|

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 |
| 03 | / | 30 | / | 2014 |

Transaction ID : SA11.1010

Amount of Each Receipt this Period
250.00

CONTRIBUTION

| | | |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | ▶ | 1250.00 |
| 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 25 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. MR. MARK D. HALL
Full Name (Last, First, Middle Initial)

Mailing Address 1855 OLYMPIC BLVD
STE. 300

City State Zip Code
WALNUT CREEK CA 94596-

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

Name of Employer Occupation
HALL EQUITIES GROUP OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 30 / 2014
Transaction ID : SA11.1029

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. DR. RICHARD A. HARDOIN
Full Name (Last, First, Middle Initial)

Mailing Address 53 LAKE ROAD

City State Zip Code
LAKE JACKSON TX 77566-3201

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 10 / 2014
Transaction ID : SA11.929

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. MR. ROGER C. HATTON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 220

City State Zip Code
PAHOKEE FL 33476-0220

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

Name of Employer Occupation
RC HATTON, INC OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5200.00

Date of Receipt
03 / 30 / 2014
Transaction ID : SA11.1015

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6200.00

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 26 OF 73 |
| | (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)
RAND PAUL VICTORY COMMITTEE

A. DR. RALPH THEO HEAP M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3909 E. FAIRFIELD CIR.
 City MESA State AZ Zip Code 85205-5111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PHYSICIANS GROUP OF AZ Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **201.60**

Date of Receipt **01 / 09 / 2014**
Transaction ID : SA11.941
 Amount of Each Receipt this Period **201.60**
 CONTRIBUTION

B. DR. BONNIE AN HENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 SECOND AVENUE SUITE 2500
 City WALTHAM State MA Zip Code 02451-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OPHTHALMIC CONSULTANTS OF BOSTON Occupation OPHTHALMOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : SA11.982
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

C. DR. PAUL MALCOLM HERRING
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 CREEK BEND WHARF
 City MT PLEASANT State SC Zip Code 29464-2787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 22 / 2014**
Transaction ID : SA11.972
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 701.60 |
| 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 27 OF 73 |
| <input checked="" 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 type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. WARREN E. HILL
Full Name (Last, First, Middle Initial)
Mailing Address 2555 S. WARREN

| | | |
|--------------|-------------|------------------------|
| City MESA | State AZ | Zip Code 85209-2249 |
|--------------|-------------|------------------------|

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

| | |
|---|-------------------------------|
| Name of Employer EAST VALLEY OPHTHALMOLOGY | Occupation OPHTHALMOLOGIST |
|---|-------------------------------|

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 |
| 03 | / | 31 | / | 2014 |

Transaction ID : SA11.1093

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. MR. DAVID P. HINKINS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 485

| | | |
|---------------------|-------------|------------------------|
| City ORANGEVILLE | State UT | Zip Code 84537-0485 |
|---------------------|-------------|------------------------|

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

| | |
|---|---------------------------|
| Name of Employer INDUSTRIAL ELECTRICAL MOTOR SERVICE, IN | Occupation ELECTRICIAN |
|---|---------------------------|

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 |
| 03 | / | 30 | / | 2014 |

Transaction ID : SA11.989

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. DR. EDWARD J. HOLLAND M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 10794 SAUNDERS

| | | |
|---------------|-------------|------------------------|
| City UNION | State KY | Zip Code 41091-8030 |
|---------------|-------------|------------------------|

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

| | |
|--|-------------------------------|
| Name of Employer CINCINNATI EYE INSTITUTE | Occupation OPHTHALMOLOGIST |
|--|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 07 | / | 2014 |

Transaction ID : SA11.950

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1750.00 |
| 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 28 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. MR. CORDT HUNEKE
Full Name (Last, First, Middle Initial)

Mailing Address 7502 DEER VIEW COURT

City LOUISVILLE State KY Zip Code 40241-1070

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

Name of Employer NETBALLISTICS LLC Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11.911

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

B. MR. LINCOLN ISETTA
Full Name (Last, First, Middle Initial)

Mailing Address 1275 GREENWICH STREET #102

City SAN FRANCISCO State CA Zip Code 94109-1503

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

Name of Employer MORGAN STANLEY EXPANSION CAPITAL Occupation MANAGING PRINCIPAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11.1039

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. MR. DENNIS H. JAMES JR.
Full Name (Last, First, Middle Initial)

Mailing Address 635 RIVER CHASE POINT

City ATLANTA State GA Zip Code 30328-3567

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

Name of Employer INTERNATIONAL MEDIA TECH Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11.892

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8800.00 |
| 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 29 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. MR. JEFFREY P. JARBOE
Full Name (Last, First, Middle Initial)

Mailing Address 2184 RADCLIFFE DRIVE NW

City ATLANTA State GA Zip Code 30318-1614

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

Name of Employer SELF-EMPLOYED Occupation INSURANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11.893

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. GARRETT JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 521 7TH AVENUE

City MENLO PARK State CA Zip Code 94025-1846

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

Name of Employer SENDHUB Occupation TECHNOLOGY FOUNDER

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
 03 / 22 / 2014

Transaction ID : SA11.974

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

C. MR. R. HARVEY JOHNSTON III
Full Name (Last, First, Middle Initial)

Mailing Address 2438 EWING FORD ROAD

City BOWLING GREEN State KY Zip Code 42103-7951

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

Name of Employer REYNOLDS JOHNSTON HINTON Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11.1001

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3500.00 |
| 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 30 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MRS. LAURA HOLMES JOST
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 OCEAN DRIVE, #1105
 City State Zip Code
 MIAMI BEACH FL 33139-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1005
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. MR. PAUL C. JOST
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 OCEAN DRIVE, #1105
 City State Zip Code
 MIAMI BEACH FL 33139-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CHANDLER MANAGEMENT CORP REAL ESTATE INVESTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1033
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. MR. MAURICE KANBAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 JACKSON STREET, APT. 8
 City State Zip Code
 SAN FRANCISCO CA 94115-1554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MK ENTERPRISES INC PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1034
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► 10200.00
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 31 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. ROBERT CARTER KESSLER

Mailing Address 80 HOLMAN AVENUE

City State Zip Code
ATHENS GA 30606-2820

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : SA11.894

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. SCOTT A. KIGER

Mailing Address 70 GUM SPRINGS ROAD

City State Zip Code
MORGANTOWN WV 26508-3534

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

Name of Employer Occupation
SHAFT DRILLERS SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.998

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. TERRY KIM M.D.

Mailing Address 12801 MOREHEAD

City State Zip Code
CHAPEL HILL NC 27517-8445

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014
Transaction ID : SA11.956

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3850.00

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 32 OF 73 |
| | (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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. TOM KIMBELL

Mailing Address 14090 FM 2920 G #360

City State Zip Code
TOMBALL TX 77377-5549

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

Name of Employer Occupation
A.S.I. SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2014

Transaction ID : SA11.924

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. JAMES C. KING III

Mailing Address 4004 IROQUOIS AVE.

City State Zip Code
NASHVILLE TN 37205-3828

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

Name of Employer Occupation
PREMIER RADIOLOGY HEALTH CARE PROVIDER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SA11.961

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MS. JANINE KLOSS

Mailing Address INFO REQUESTED

City State Zip Code
INFO REQUESTED XX 99999-

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2014

Transaction ID : SA11.1027

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5600.00 |
| 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 33 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. KELLY J. KNAPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 BEACH ROAD
 City State Zip Code
 BELVEDERE CA 94920-2388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : SA11.1054
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. DR. GARY E. KRAUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13707 TEAL SHORE COURT
 City State Zip Code
 HOUSTON TX 77077-3422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED NEUROSURGEON
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11.927
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. DR. STEPHEN LANE M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5651 ERIK LN
 City State Zip Code
 SHOREVIEW MN 55126-4812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ASSOCIATED EYE CARE PHYSICIAN
 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
 03 / 07 / 2014
Transaction ID : SA11.948
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 34 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. CARSTEN M. LANKHEIM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1532 ROBERTA DR.
 City SAN MATEO State CA Zip Code 94403-1044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SCRYTEC, INC. Occupation C.E.O.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1035
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. MR. MARK C. LATHEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 545 W. ORANGO PLACE
 City ORO VALLEY State AZ Zip Code 85737-9757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAAS Occupation ANESTHESIOLOGIST
 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
 02 / 04 / 2014
Transaction ID : SA11.897
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. MR. JOHN EDWARD LEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1406 MONTGOMERY STREET
 City SAN FRANCISCO State CA Zip Code 94133-3212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALVARADO MANAGEMENT Occupation INVESTMENT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1044
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
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 35 OF 73 |
| | (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)
RAND PAUL VICTORY COMMITTEE

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JEROME HENRY LEVY | | Date of Receipt |
| Mailing Address 1101 PELHAM PARKWAY NORTH | | <input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| BRONX | NY | 10469-5411 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer | Occupation | Transaction ID : SA11.973 |
| AMBULATORY SURGERY CENTER | SURGEON DIRECTOR | |
| Receipt For: | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1000.00"/> | <input type="text" value="1000.00"/> |
| | | CONTRIBUTION |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. DR. RICHARD A. LEWIS M.D. | | Date of Receipt |
| Mailing Address 2750 HUNTINGTON RD | | <input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| SACRAMENTO | CA | 95864-5636 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer | Occupation | Transaction ID : SA11.958 |
| SELF-EMPLOYED | PHYSICIAN | |
| Receipt For: | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1000.00"/> | <input type="text" value="1000.00"/> |
| | | CONTRIBUTION |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. DR. RICHARD L. LINDSTROM M.D. | | Date of Receipt |
| Mailing Address 2811 WESTWOOD ROAD | | <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| WAYZATA | MN | 55391-9787 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer | Occupation | Transaction ID : SA11.933 |
| MINNESOTA EYE CONSULTANTS | OPHTHALMOLOGIST | |
| Receipt For: | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |
| | | CONTRIBUTION |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="2250.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

**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 36 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. MR. MARTIN B. LOWE
Full Name (Last, First, Middle Initial)

Mailing Address 1135 CHATTAHOOCHEE AVENUE NW

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| ATLANTA | GA | 30318-3705 |

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

| | |
|------------------------|------------|
| Name of Employer | Occupation |
| HERITAGE PLASTICS, INC | EXECUTIVE |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 04 | / | 2014 |

Transaction ID : SA11.904

Amount of Each Receipt this Period
5200.00

CONTRIBUTION

B. MR. JOHN S. MACGREGOR
Full Name (Last, First, Middle Initial)

Mailing Address 2537 15TH STREET

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| SAN FRANCISCO | CA | 94114-1227 |

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

| | |
|--|------------------------------------|
| Name of Employer | Occupation |
| INFORMATION REQUESTED PER BEST EFFORTS | INFORMATION REQUESTED PER BEST EFF |

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 |
| 03 | / | 30 | / | 2014 |

Transaction ID : SA11.1007

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. MR. JAMES V. MAZZO
Full Name (Last, First, Middle Initial)

Mailing Address 2576 MONACO DR.

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| LAGUNA BEACH | CA | 92651-1009 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| ACUFOCUS | CEO |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 07 | / | 2014 |

Transaction ID : SA11.947

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 6700.00 |
| 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 37 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. ROY F. MCMAHAN III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5802 RIVER RD
 City HARRODS CREEK State KY Zip Code 40027-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCGMAHAN GROUP LLC Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : SA11.883
 Amount of Each Receipt this Period
 20000.00
 CONTRIBUTION
 SEE REATTRIBUTION

B. MRS. LAURA MCMAHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5802 RIVER RD
 City HARRODS CREEK State KY Zip Code 40027-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 9800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2014
Transaction ID : SA11.985
 Amount of Each Receipt this Period
 9800.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION FROM SPOUSE

C. MR. ROY F. MCMAHAN III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5802 RIVER RD
 City HARRODS CREEK State KY Zip Code 40027-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCGMAHAN GROUP LLC Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2014
Transaction ID : SA11.883B
 Amount of Each Receipt this Period
 -9800.00
 CONTRIBUTION
[MEMO ITEM]
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional).....▶ 20000.00
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 38 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. DR. NIZAM M. MEAH

Mailing Address 3523 CORAL SPRINGS

City State Zip Code
MANVEL TX 77578-4880

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

Name of Employer Occupation
DIGESTIVE & LIVER CENTER PHYSICIAN

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
 03 / 10 / 2014
Transaction ID : SA11.925

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. R. T. MERCER

Mailing Address 4316 MARINA CITY DRIVE, PH 24

City State Zip Code
MARINA DEL REY CA 90292-5835

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF

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
 03 / 30 / 2014
Transaction ID : SA11.1017

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DR. MARC A. MICHELSON MD

Mailing Address 1201 11TH AVE S
STE 501

City State Zip Code
BIRMINGHAM AL 35205-3410

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

Name of Employer Occupation
ALABAMA EYE & CATARACT CTR PHYSICIAN

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
 03 / 22 / 2014
Transaction ID : SA11.970

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 39 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. CHRIS W. MOORE

Mailing Address 11507 MEREDITH

City State Zip Code
BELTON TX 76513-8802

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

Name of Employer Occupation
INTEGRITY EMR FOR EYES CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 22 / 2014
Transaction ID : SA11.966

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. LANE B. MOORE

Mailing Address 5909 PEACHTREE DUNWOODY RD

City State Zip Code
ATLANTA GA 30328-8102

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

Name of Employer Occupation
RUBICON GLOBAL CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10200.00

Date of Receipt
01 / 24 / 2014
Transaction ID : SA11.942

Amount of Each Receipt this Period
10200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. BARBARA L. MOSS

Mailing Address 3056 CYPRESS POND PASS

City State Zip Code
DULUTH GA 30097-3718

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
02 / 04 / 2014
Transaction ID : SA11.908

Amount of Each Receipt this Period
1300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 12000.00

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 40 OF 73 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. PERRY W. MOSS
Full Name (Last, First, Middle Initial)

Mailing Address 3056 CYPRESS POND PASS

| | | |
|----------------|-------------|------------------------|
| City DULUTH | State GA | Zip Code 30097-3718 |
|----------------|-------------|------------------------|

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

| | |
|------------------------------------|-------------------------|
| Name of Employer RUBICON GLOBAL | Occupation PRESIDENT |
|------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 04 | / | 2014 |

Transaction ID : SA11.912

Amount of Each Receipt this Period
1300.00

CONTRIBUTION

B. MRS. JANELLE NEIL
Full Name (Last, First, Middle Initial)

Mailing Address 1154 E. LEHI RD

| | | |
|--------------|-------------|------------------------|
| City MESA | State AZ | Zip Code 85203-1912 |
|--------------|-------------|------------------------|

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

| | |
|---|--------------------------|
| Name of Employer MESA PUBLIC SCHOOLS | Occupation SUBSTITUTE |
|---|--------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | / | 09 | / | 2014 |

Transaction ID : SA11.940

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C. ROBERT B. NELSON
Full Name (Last, First, Middle Initial)

Mailing Address 183 BROAD ST

| | | |
|------------------------|-------------|------------------------|
| City WILLISTON PARK | State NY | Zip Code 11596-1303 |
|------------------------|-------------|------------------------|

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

| | |
|--|----------------------------------|
| Name of Employer ISLAND EYE SURGICENTER | Occupation EXECUTIVE DIRECTOR |
|--|----------------------------------|

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 |
| 03 | / | 22 | / | 2014 |

Transaction ID : SA11.965

Amount of Each Receipt this Period
250.00

CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1950.00 |
| 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 41 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. THOMAS JORDAN NEWLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 4555 HAGAN ROAD
 City State Zip Code
 YOUNGS ISLAND SC 29449-5914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED OPHTHAMOLOGIST
 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
 03 / 25 / 2014
Transaction ID : SA11.981
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. MR. JOHN NISBET
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 MEDICAL CTR BLVD, STE. 300A
 City State Zip Code
 WEBSTER TX 77598-4246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CLEAR LAKE GYNECOLOGY WORKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2014
Transaction ID : SA11.945
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. MR. JAMES O'NEILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 LETTERMAN DRIVE
 BUILDING C, SET. 310
 City State Zip Code
 SAN FRANCISCO CA 94129-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MITHRIL CAPITAL MANAGEMENT FINANCE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2014
Transaction ID : SA11.971
 Amount of Each Receipt this Period
 350.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► 1600.00
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 42 OF 73
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. JOHN O'NEILL

Mailing Address 1749 SEATON ST. NW

City WASHINGTON State DC Zip Code 20009-2625

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

Name of Employer: CAPITOL COUNSEL Occupation: ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 07 / 2014
Transaction ID : SA11.949

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DR. STEPHEN A. OBSTBAUM

Mailing Address 463 PARK AVENUE

City LEONIA State NJ Zip Code 07605-1219

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

Name of Employer: NORTH SHORE L.I.J. & MANHATTAN EYE, EA Occupation: DIRECTOR OF QUALITY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 31 / 2014
Transaction ID : SA11.1086

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. ROBERT ORR

Mailing Address 510 N. WALNUT STREET

City WEST FRANKFORT State IL Zip Code 62896-1707

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

Name of Employer: FREEDOM COMPANIES Occupation: BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 03 / 31 / 2014
Transaction ID : SA11.1082

Amount of Each Receipt this Period: 1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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 43 OF 73 |
| | (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)
RAND PAUL VICTORY COMMITTEE

A. DR. PARAG PAREKH M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 1269 TREASURE LAKE

City DUBOIS State PA Zip Code 15801-9053

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

Name of Employer LAUREL EYE CLINIC Occupation PHYSICIAN

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
 03 / 22 / 2014

Transaction ID : SA11.969

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. DR. LARRY E. PATTERSON M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 435 WATERVIEW DR.

City CROSSVILLE State TN Zip Code 38555-5707

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

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
 03 / 07 / 2014

Transaction ID : SA11.955

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. DR. ANTHONY M. PISACANO M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3 CHIEFTANS ROAD

City GREENWICH State CT Zip Code 06831-3260

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

Name of Employer SELF-EMPLOYED Occupation OPHTHALMOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : SA11.976

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| 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 44 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. MRS. APRIL PREECE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 274

City LOVELY State KY Zip Code 41231-0274

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **01 / 13 / 2014**
Transaction ID : **SA11.871**

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

B. DR. FRANCIS W. PRICE M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 5511 SUNSET LN

City INDIANAPOLIS State IN Zip Code 46228-1468

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

Name of Employer: **PRICE VISION GROUP** Occupation: **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **03 / 07 / 2014**
Transaction ID : **SA11.951**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

C. MR. ROBERT LEE PUTSOCK
Full Name (Last, First, Middle Initial)
Mailing Address 131 RIVERVIEW ROAD

City POWHATAN POINT State OH Zip Code 43942-1236

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

Name of Employer: **A.E.C.** Occupation: **ACCOUNTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **03 / 30 / 2014**
Transaction ID : **SA11.996**

Amount of Each Receipt this Period: **400.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **1900.00**

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 45 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. JEFFREY M. REISENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 WINDSOR DRIVE
 City Hillsborough State CA Zip Code 94010-6359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EVERCORE PARTNERS Occupation FINANCE PROFESSIONAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 30 / 2014**
Transaction ID : SA11.1043
 Amount of Each Receipt this Period **1000.00**
 CONTRIBUTION

B. DR. GREG REYNOLDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 GRANGE LANE
 City Lexington State KY Zip Code 40511-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2600.00**

Date of Receipt **03 / 30 / 2014**
Transaction ID : SA11.1013
 Amount of Each Receipt this Period **2600.00**
 CONTRIBUTION

C. MR. SCOTT L. ROBERTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1290 SUTTER STREET
 City San Francisco State CA Zip Code 94109-5564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation REAL ESTATE DEVELOPER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2600.00**

Date of Receipt **03 / 30 / 2014**
Transaction ID : SA11.1028
 Amount of Each Receipt this Period **2600.00**
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **6200.00**
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 46 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. ALLEN W. ROSIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 MOUNT VERNON AVENUE
 City State Zip Code
 GROSSE POINTE FARMS MI 48236-3438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MERRILL LYNCH BANK OF AMERICA SENIOR VICE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : SA11.905
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

B. MR. DAVID C. ROWE JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3325 PIEDMONT ROAD NE
 UNIT 1906
 City State Zip Code
 ATLANTA GA 30305-1895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED INVESTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : SA11.891
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

C. DR. SHERI ROWEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 BELLCHASE COURT
 City State Zip Code
 BALTIMORE MD 21208-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MERCY MEDICAL CETNER PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : SA11.1088
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5450.00
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 47 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MS. MELODIE K. RUFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 724 MAIN ST.
 City WOODLAND State CA Zip Code 95695-3491
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **5200.00**
 Date of Receipt: **03 / 30 / 2014**
Transaction ID : SA11.1002
 Amount of Each Receipt this Period: **5200.00**
CONTRIBUTION

B. MS. JANET KING RUSSO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6236 RIO BONITO DRIVE
 City CARMICHAEL State CA Zip Code 95608-5213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **SELF-EMPLOYED** Occupation: **PUBLIC AFFAIRS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**
 Date of Receipt: **03 / 30 / 2014**
Transaction ID : SA11.1036
 Amount of Each Receipt this Period: **1000.00**
CONTRIBUTION

C. MR. SALVATORE B. RUSSO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6236 RIO BONITO DRIVE
 City CARMICHAEL State CA Zip Code 95608-5213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **RUSS MARSH & ASSOCIATES** Occupation: **PUBLIC AFFAIRS CONSULTANT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1000.00**
 Date of Receipt: **03 / 30 / 2014**
Transaction ID : SA11.1040
 Amount of Each Receipt this Period: **1000.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **7200.00**
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 48 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. MS. ASHLEY RUST
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 WILLOW PLACE
 City MENLO PARK State CA Zip Code 94025-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 30 / 2014
Transaction ID : SA11.1025
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. MR. MARTIN H. SCHEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 EMBARCADERO CENTER, STE. 1020
 City SAN FRANCISCO State CA Zip Code 94111-3698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED ATTORNEY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 31 / 2014
Transaction ID : SA11.1055
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. MR. JOHN H. SCHNATTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 STONE GATE ROAD
 City LOUISVILLE State KY Zip Code 40223-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PAPA JOHNS INTERNATIONAL, INC. C.E.O.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5200.00

Date of Receipt
 02 / 04 / 2014
Transaction ID : SA11.881
 Amount of Each Receipt this Period
 2600.00
 CONTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3350.00 |
| 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 49 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. AUGUST D. SEBASTIANI

Mailing Address P.O. BOX 169

City State Zip Code
SONOMA CA 95476-0249

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

Name of Employer Occupation
THE OTHER GUYS INC SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1037

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. DON AUGUST SEBASTIANI JR.

Mailing Address 620 CHARLES VAN DAMME WAY

City State Zip Code
SONOMA CA 95476-7200

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

Name of Employer Occupation
DON SEBASTIANI & SONS WINE MARKETER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2014
Transaction ID : SA11.1038

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. MARC T. SEPULVEDA

Mailing Address 891 N. MADRID LANE

City State Zip Code
CHANDLER AZ 85226-2344

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

Name of Employer Occupation
CITY OF CHANDLER FIREMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : SA11.899

Amount of Each Receipt this Period
400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2400.00

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 50 OF 73 |
| <input checked="" 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 type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MR. MARC SHINER
Full Name (Last, First, Middle Initial)

Mailing Address 855 N. PINWOOD CIRCLE

City PRICE State UT Zip Code 84501-2016

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

Name of Employer: BOOKCLIFF SALES, INC. Occupation: SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 30 / 2014
Transaction ID : SA11.991

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

B. MR. STEVEN DOUGLAS SIMMONS
Full Name (Last, First, Middle Initial)

Mailing Address 14027 MOORE ROAD

City MARION State IL Zip Code 62959-6836

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

Name of Employer: FREEDOM INDUSTRIES Occupation: EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 30 / 2014
Transaction ID : SA11.993

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

C. MR. DAVID PHIL SIMPSON
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 100

City AVINGER State TX Zip Code 75630-0100

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

Name of Employer: SIMPSON CAPITAL LLC Occupation: BUSINESS EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 10 / 2014
Transaction ID : SA11.921

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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 51 OF 73 |
| | (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)
RAND PAUL VICTORY COMMITTEE

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. DR. JEFFREY A. SINGER M.D. | | Date of Receipt MM / DD / YYYY 02 / 04 / 2014 Transaction ID : SA11.889 |
| Mailing Address 4442 E. HORSESHOE RD | | Amount of Each Receipt this Period 500.00 |
| City PHOENIX | State AZ | Zip Code 85028-6138 |
| FEC ID number of contributing federal political committee. C | CONTRIBUTION | |
| Name of Employer VALLEY SURGICAL CLINICS, LTD. | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. DR. KAMAL SINGH M.D. | | Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : SA11.946 |
| Mailing Address 670 COVINGTON GROVE BLVD | | Amount of Each Receipt this Period 3000.00 |
| City BOWLING GREEN | State KY | Zip Code 42104-6600 |
| FEC ID number of contributing federal political committee. C | CONTRIBUTION | |
| Name of Employer SELF-EMPLOYED | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MRS. CHRISTINE A. SMITH | | Date of Receipt MM / DD / YYYY 02 / 04 / 2014 Transaction ID : SA11.896 |
| Mailing Address 6291 W. PINNACLE PEAK RD | | Amount of Each Receipt this Period 1000.00 |
| City GLENDALE | State AZ | Zip Code 85310-3526 |
| FEC ID number of contributing federal political committee. C | CONTRIBUTION | |
| Name of Employer BANNER HEALTH | Occupation REGISTERED NURSE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4500.00 |
| 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 52 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. MRS. CINDI SOLOMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2614 BAYONNE ST.
 City State Zip Code
 SULLIVANS ISLAND SC 29482-9666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CAROLINA EYECARE PHYSICIANS ADMINISTRATOR
 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
 03 / 25 / 2014
Transaction ID : SA11.980
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. MR. KERRY SOLOMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2614 BAYONNE STREET
 City State Zip Code
 SULLIVANS ISLAND SC 29482-9666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CAROLINA EYECARE PHYSICIANS OPHTHALMOLOGIST
 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
 03 / 25 / 2014
Transaction ID : SA11.984
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. MR. D. DAVID STEELE
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 SAN MATEO ROAD
 City State Zip Code
 BERKELEY CA 94707-2015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF
 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
 03 / 30 / 2014
Transaction ID : SA11.1021
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► 1000.00
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 53 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. MRS. APRIL A. STEINERT
Full Name (Last, First, Middle Initial)

Mailing Address 1074 VAN DYKE DRIVE

City LAGUNA BEACH State CA Zip Code 92651-3459

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

Name of Employer SELF-EMPLOYED Occupation CHEF & WRITER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2014
Transaction ID : SA11.1092

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B. MR. ROGER F. STEINERT
Full Name (Last, First, Middle Initial)

Mailing Address 1074 VAN DYKE DRIVE

City LAGUNA BEACH State CA Zip Code 92651-3459

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

Name of Employer UC IRVINE Occupation PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2014
Transaction ID : SA11.1090

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. MRS. ROSA LEE STIDHAM
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 244

City BREMEN State KY Zip Code 42325-0244

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 01 / 06 / 2014
Transaction ID : SA11.861

Amount of Each Receipt this Period -5000.00

CONTRIBUTION

CHECK RETURNED BY BANK

SUBTOTAL of Receipts This Page (optional)..... ▶ -4000.00

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 54 OF 73
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. MR. WILLIAM STONE

Mailing Address P.O. BOX 1203

City State Zip Code
LOUISVILLE KY 40201-1203

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

Name of Employer Occupation
LOUISVILLE PLATE GLASS COMPANY PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2014

Transaction ID : SA11.875

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MRS. MARY L. G. THEROUX

Mailing Address 11990 SKYLINE BLVD.

City State Zip Code
OAKLAND CA 94619-2421

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2014

Transaction ID : SA11.1020

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. NATHANIEL TUCKER

Mailing Address 10625 NE 29TH STREET, APT. 124

City State Zip Code
BELLEVUE WA 98004-2006

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

Name of Employer Occupation
TUBULAR LABS SOFTWARE DEVELOPER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2014

Transaction ID : SA11.1052

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 55 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. MR. JAMES MCILHENNY WINTERSTEEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 MYRTLE AVENUE
 City MILL VALLEY State CA Zip Code 94941-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 30 / 2014**
Transaction ID : SA11.1000
 Amount of Each Receipt this Period **2000.00**
CONTRIBUTION

B. MRS. JANE B. WOODMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 MOCKINGBIRD TRAIL
 City PALM BEACH State FL Zip Code 33480-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5200.00**

Date of Receipt **03 / 30 / 2014**
Transaction ID : SA11.1016
 Amount of Each Receipt this Period **5200.00**
CONTRIBUTION

C. MR. DANIEL ARTHUR WOODS
 Full Name (Last, First, Middle Initial)
 Mailing Address 14610 BOWERS DRIVE NW
 City ANOKA State MN Zip Code 55303-7209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 30 / 2014**
Transaction ID : SA11.1023
 Amount of Each Receipt this Period **500.00**
CONTRIBUTION

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 7700.00 |
| 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 56 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. DR. SANDRA YEH M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 4920 FOXHALL DR.
City SPRINGFIELD State IL Zip Code 62711-6704
FEC ID number of contributing federal political committee. **C**
Name of Employer PRAIRIE EYE CENTER Occupation OPHTHALMOLOGIST
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 07 / 2014
Transaction ID : SA11.954
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. ANSLEY COMPANY LLC
Full Name (Last, First, Middle Initial)
Mailing Address 330 WOODWARD WAY NW
City ATLANTA State GA Zip Code 30305-4080
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 10000.00

Date of Receipt 02 / 04 / 2014
Transaction ID : SA11.876
Amount of Each Receipt this Period 10000.00
CONTRIBUTION
ATTRIBUTION TO PARTNERS REQUESTED

C. BRAND PARTNERS, L.P.
Full Name (Last, First, Middle Initial)
Mailing Address 3328 PEACHTREE RD NE, STE. 100
City ATLANTA State GA Zip Code 30326-1401
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2600.00

Date of Receipt 03 / 10 / 2014
Transaction ID : SA11.917
Amount of Each Receipt this Period 2600.00
CONTRIBUTION
SEE ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 13100.00
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 57 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

A. MR. BRAND MORGAN
Full Name (Last, First, Middle Initial)

Mailing Address 3328 PEACHTREE ROAD NE
SUITE 100

City ATLANTA State GA Zip Code 30326-1488

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

Name of Employer BRAND PARTNERS, L.P. Occupation INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
03 / 10 / 2014
Transaction ID : SA11.935

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION

B. STEVE HANNA PROPERTIES, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 1169 BROOKHAVEN NORTH CIR. NE

City ATLANTA State GA Zip Code 30319-2865

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
01 / 13 / 2014
Transaction ID : SA11.873

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

C. TENT IMAGING, LLC
Full Name (Last, First, Middle Initial)

Mailing Address 6565 E. CARONDELET DR., STE. 300

City TUCSON State AZ Zip Code 85710-2157

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
02 / 04 / 2014
Transaction ID : SA11.877

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SEE ATTRIBUTION

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3600.00 |
| 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 58 OF 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. DR. ETHAN BINDELGLAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6565 E. CARONDELET DR., STE. 300
 City TUCSON State AZ Zip Code 85710-2158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TENT IMAGING, LLC PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : SA11.914
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION
[MEMO ITEM]
 SEE ATTRIBUTION

B. TENT IMAGING, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 6565 E. CARONDELET DR., STE. 300
 City TUCSON State AZ Zip Code 85710-2157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : SA11.878
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION
 SEE ATTRIBUTION

C. DR. DAVID PERRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6565 E. CARONDELET DR., STE. 300
 City TUCSON State AZ Zip Code 85710-2157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TENT IMAGING, LLC PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014
Transaction ID : SA11.915
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION
[MEMO ITEM]
 SEE ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
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 59 OF 73 |
| | <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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. TENT IMAGING, LLC

Mailing Address 6565 E. CARONDELET DR., STE. 300

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| TUCSON | AZ | 85710-2157 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11.879

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SEE ATTRIBUTION

Full Name (Last, First, Middle Initial)
B. DR. ROBERT DEAN

Mailing Address 6565 E. CARONDELET DR., STE. 300

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| TUCSON | AZ | 85710-2158 |

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

| | |
|-------------------|------------|
| Name of Employer | Occupation |
| TENT IMAGING, LLC | PHYSICIAN |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11.916

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION

Full Name (Last, First, Middle Initial)
C. TENT IMAGING, LLC

Mailing Address 6565 E. CARONDELET DR., STE. 300

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| TUCSON | AZ | 85710-2157 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11.880

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SEE ATTRIBUTION

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| 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 60 OF 73
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
DR. ROBERT CRAVENS

Mailing Address 6565 E. CARONDELET DR., STE. 300

| | | |
|----------------|-------------|------------------------|
| City TUCSON | State AZ | Zip Code 85710-2158 |
|----------------|-------------|------------------------|

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

| | |
|---------------------------------------|-------------------------|
| Name of Employer TENT IMAGING, LLC | Occupation PHYSICIAN |
|---------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11.913

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

**[MEMO ITEM]
SEE ATTRIBUTION**

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

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 233203.20 |

**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 61 OF 73 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. AMERICAN FOREIGN SERVICE ASSOC. PAC | | Date of Receipt |
| Mailing Address 2101 E. STREET NW | | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| WASHINGTON | DC | 20037-2916 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> <input type="text" value="C00374363"/> | Transaction ID : SA11.1046 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| | | <input type="text" value="1000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | CONTRIBUTION |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1000.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. ATMOS ENERGY CORPORATION PAC | | Date of Receipt |
| Mailing Address 5430 LYNDON B. JOHNSON FWY, STE. 1 | | <input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| DALLAS | TX | 75240-2630 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> <input type="text" value="C00381954"/> | Transaction ID : SA11.874 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| | | <input type="text" value="2600.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | CONTRIBUTION |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2600.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. EYEPAC PAC FOR AMERICAN SOCIETY OF CATARACT/REFRACTV SURGERY | | Date of Receipt |
| Mailing Address 4000 LEGATO ROAD, STE. 700 | | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| FAIRFAX | VA | 22033-4055 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> <input type="text" value="C00171504"/> | Transaction ID : SA11.1048 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| | | <input type="text" value="5000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | CONTRIBUTION |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="5000.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="8600.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

**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 62 OF 73 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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)
RAND PAUL VICTORY COMMITTEE

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. FREEDOM & PROSPERITY PAC | | Date of Receipt |
| Mailing Address 1592 UNION STREET | | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City State Zip Code SAN FRANCISCO CA 94123-4505 | | Transaction ID : SA11.1045 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00465914"/> | | Amount of Each Receipt this Period <input type="text" value="1500.00"/> |
| Name of Employer | Occupation | CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/> | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. NATIONAL ASSOCIATION FOR GUN RIGHTS, INC. PAC | | Date of Receipt |
| Mailing Address 501 MAIN STREET SUITE 200 | | <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2014"/> |
| City State Zip Code WINDSOR CO 80550-5131 | | Transaction ID : SA11.918 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00481200"/> | | Amount of Each Receipt this Period <input type="text" value="5000.00"/> |
| Name of Employer | Occupation | CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/> | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. OUTPATIENT OPHTHALMIC SURGERY SOCIETY PAC | | Date of Receipt |
| Mailing Address 701 8TH STREET NW | | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City State Zip Code WASHINGTON DC 20001-3854 | | Transaction ID : SA11.1047 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00217323"/> | | Amount of Each Receipt this Period <input type="text" value="5000.00"/> |
| Name of Employer | Occupation | CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/> | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="11500.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

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

FOR LINE NUMBER: PAGE 63 OF 73
(check only one)

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

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NAME OF COMMITTEE (In Full)
RAND PAUL VICTORY COMMITTEE

A. PILLSBURY WINTHROP SHAW PITTMAN L.L.P., PAC
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 7880

| | | |
|-----------------------|-------------|------------------------|
| City SAN FRANCISCO | State CA | Zip Code 94120-7880 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00177972

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014
Transaction ID : SA11.1049

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | 21100.00 |

**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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LANE MOORE

Mailing Address 5909 PEACHTREE DUNWOODY ROAD
SUITE 200

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
CATERING REIMBURSEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : SB21B.I66

Amount of Each Disbursement this Period

6681.66

Full Name (Last, First, Middle Initial)

B. BOLD AMERICAN EVENTS

Mailing Address 1435 HILLS PLACE NW

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement
EQUIPMENT RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : SB21B.I70

Amount of Each Disbursement this Period

2437.66

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DENNIS DEAN CATERING

Mailing Address 733 LAMBERT DR NE

City ATLANTA State GA Zip Code 30324

Purpose of Disbursement
CATERING/FOOD/BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : SB21B.I68

Amount of Each Disbursement this Period

3744.00

[MEMO ITEM]

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

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

6681.66

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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROBIN NATHAN PHOTOGRAPHY

Mailing Address 2003 SILVASTONE DR

City ATLANTA State GA Zip Code 30345

Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2014

Transaction ID : SB21B.I69

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ARISTEIA GROUP INC.

Mailing Address 1203 PORTNER RD

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2014

Transaction ID : SB21B.I64

Amount of Each Disbursement this Period

8205.16

Full Name (Last, First, Middle Initial)

C. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE ST

City NEWPORT State KY Zip Code 41071

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2014

Transaction ID : SB21B.I59

Amount of Each Disbursement this Period

2036.83

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

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

10241.99

**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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE ST

City NEWPORT State KY Zip Code 41071

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2014

Transaction ID : **SB21B.I63**

Amount of Each Disbursement this Period

2004.03

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 924 BROADWAY AVENUE
KY3-1000

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Transaction ID : **SB21B.I71**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. CHASE BANK

Mailing Address 924 BROADWAY AVENUE
KY3-1000

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2014

Transaction ID : **SB21B.I72**

Amount of Each Disbursement this Period

15.00

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

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

2069.03

**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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 924 BROADWAY AVENUE
KY3-1000

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2014

Transaction ID : SB21B.I73

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 924 BROADWAY AVENUE
KY3-1000

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2014

Transaction ID : SB21B.I74

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. CHASE BANK

Mailing Address 924 BROADWAY AVENUE
KY3-1000

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2014

Transaction ID : SB21B.I75

Amount of Each Disbursement this Period

15.00

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

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

80.00

**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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 924 BROADWAY AVENUE
KY3-1000

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2014

Transaction ID : SB21B.I76

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : SB21B.I61

Amount of Each Disbursement this Period

2859.69

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATA SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 05 / 2014

Transaction ID : SB21B.I65

Amount of Each Disbursement this Period

1262.25

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

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

4171.94

**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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LIBERTY PHONE CENTER INC.

Mailing Address P.O. BOX 8265

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement PRINTING/POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 20 / 2014

Transaction ID : **SB21B.I60**

Amount of Each Disbursement this Period: 118.52

Category/Type

Full Name (Last, First, Middle Initial)

B. MINUTEMAN PRESS/SOUTHGATE

Mailing Address 2302 ALEXANDRIA PIKE

City SOUTHGATE State KY Zip Code 41071

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 25 / 2014

Transaction ID : **SB21B.I77**

Amount of Each Disbursement this Period: 327.02

Category/Type

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 31 / 2014

Transaction ID : **SB21B.I83**

Amount of Each Disbursement this Period: 402.98

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 848.52

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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

02 / 28 / 2014

Transaction ID : SB21B.I84

Amount of Each Disbursement this Period

35.40

Full Name (Last, First, Middle Initial)

B. STRIPE

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

02 / 28 / 2014

Transaction ID : SB21B.I85

Amount of Each Disbursement this Period

87.30

Full Name (Last, First, Middle Initial)

C. STRIPE

Mailing Address 140 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

03 / 25 / 2014

Transaction ID : SB21B.I88

Amount of Each Disbursement this Period

649.90

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

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

772.60

**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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE RAINMAKERS

Mailing Address P.O. BOX 1082

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : SB21B.I62

Amount of Each Disbursement this Period

785.00

Full Name (Last, First, Middle Initial)

B.

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

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

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

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

Amount of Each Disbursement this Period

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

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

785.00

25650.74

**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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. RAND PAUL FOR US SENATE 2016

Mailing Address PO BOX 72928

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 0 | | 2 | 0 | 1 | 4 |

Transaction ID : **SB22.I90**

Amount of Each Disbursement this Period

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | 6 | 7 | 6 | 8 | . | 0 | 7 |
|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. RAND PAUL FOR US SENATE 2016

Mailing Address PO BOX 72928

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 0 | | 2 | 0 | 1 | 4 |

Transaction ID : **SB22.I92**

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 8 | 0 | 8 | 1 | . | 1 | 6 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. REINVENTING A NEW DIRECTION - RANDPAC

Mailing Address PO BOX 72598

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement
TRANSFER OF JOINT FUNDRAISING PROCEEDS

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 |
| 0 | 3 | | 3 | 0 | | 2 | 0 | 1 | 4 |

Transaction ID : **SB22.I91**

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | 7 | 0 | 8 | . | 3 | 9 |
|---|---|---|---|---|---|---|

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

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

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 9 | 3 | 7 | . | 6 | 2 |
|---|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 1 | 9 | 3 | 7 | . | 6 | 2 |
|---|---|---|---|---|---|---|---|---|

**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 type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input checked="" 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)
RAND PAUL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROY F. MCMAHAN III

Mailing Address 5802 RIVER ROAD

City HARROD CREEK State KY Zip Code 40027

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 30 / 2014

Transaction ID : SB28A.I89

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

B.

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

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

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

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

Amount of Each Disbursement this Period

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

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

2600.00

2600.00