

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. Nancy Pelosi Victory Fund

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

2. FEC IDENTIFICATION NUMBER C00492421 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 Kelly C. Ward

Signature of Treasurer Kelly C. Ward [Electronically Filed] Date 04 / 09 / 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

Nancy Pelosi Victory Fund

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="2047.56"/> | <input type="text" value="2047.56"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="2047.56"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="333900.00"/> | <input type="text" value="333900.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="335947.56"/> | <input type="text" value="335947.56"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="328598.47"/> | <input type="text" value="328598.47"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="7349.09"/> | <input type="text" value="7349.09"/> |
| 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

Write or Type Committee Name

Nancy Pelosi Victory Fund

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 333900.00 | 333900.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 333900.00 | 333900.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 333900.00 | 333900.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 333900.00 | 333900.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 333900.00 | 333900.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 2798.47 | 2798.47 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2798.47 | 2798.47 |
| 22. Transfers to Affiliated/Other Party Committees..... | 325800.00 | 325800.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 328598.47 | 328598.47 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 328598.47 | 328598.47 |

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) | 333900.00 | 333900.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 333900.00 | 333900.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 2798.47 | 2798.47 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2798.47 | 2798.47 |

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

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

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

NAME OF COMMITTEE (In Full)
Nancy Pelosi Victory Fund

| | | |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial) A. Charles M. Geschke | | Date of Receipt MM / DD / YYYY 02 / 10 / 2014 Transaction ID : SA11AI-99 |
| Mailing Address 220 University Ave | | Amount of Each Receipt this Period 37400.00 |
| City Los Altos | State CA | Zip Code 94022 |
| FEC ID number of contributing federal political committee. C | Name of Employer N/A | |
| Occupation Retired | | Aggregate Year-to-Date ▼ 37400.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------|--|
| Full Name (Last, First, Middle Initial) B. Norman C. Stone | | Date of Receipt MM / DD / YYYY 02 / 10 / 2014 Transaction ID : SA11AI-98 |
| Mailing Address 2790 Broadway St | | Amount of Each Receipt this Period 42600.00 |
| City San Francisco | State CA | Zip Code 94115 |
| FEC ID number of contributing federal political committee. C | Name of Employer N/A | |
| Occupation Retired Psychologist | | Aggregate Year-to-Date ▼ 42600.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Alfred E. Heller | | Date of Receipt MM / DD / YYYY 02 / 14 / 2014 Transaction ID : SA11AI-101 |
| Mailing Address 737 Deer Valley Rd | | Amount of Each Receipt this Period 10000.00 |
| City San Rafael | State CA | Zip Code 94903 |
| FEC ID number of contributing federal political committee. C | Name of Employer Self-Employed | |
| Occupation Investor | | Aggregate Year-to-Date ▼ 10000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 90000.00 |
| 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 7 OF 15 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Nancy Pelosi Victory Fund

A. Ruth Heller
Full Name (Last, First, Middle Initial)
Mailing Address 737 Deer Valley Rd
City San Rafael State CA Zip Code 94903
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **10000.00**

Date of Receipt
02 / 14 / 2014
Transaction ID : SA11AI-102
Amount of Each Receipt this Period
10000.00

B. Michael S. Strunsky
Full Name (Last, First, Middle Initial)
Mailing Address 2457 Bay Street
City San Francisco State CA Zip Code 94123
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Executive
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **21300.00**

Date of Receipt
02 / 24 / 2014
Transaction ID : SA11AI-105
Amount of Each Receipt this Period
21300.00

C. Jean Z. Strunsky
Full Name (Last, First, Middle Initial)
Mailing Address 2457 Bay Street
City San Francisco State CA Zip Code 94123
FEC ID number of contributing federal political committee. **C**
Name of Employer L.S. Gershwin 1987 Trust Occupation Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **21300.00**

Date of Receipt
02 / 24 / 2014
Transaction ID : SA11AI-106
Amount of Each Receipt this Period
21300.00

SUBTOTAL of Receipts This Page (optional)..... **52600.00**
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 15 |
| | <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)
Nancy Pelosi Victory Fund

A. Christine H. Russell
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 First Street
 14th Floor
 City San Francisco State CA Zip Code 94105
 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 ▼ 18750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2014
Transaction ID : SA11AI-107
 Amount of Each Receipt this Period
 18750.00

B. Mark L. Schlesinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 First Street
 14th Floor
 City San Francisco State CA Zip Code 94015
 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 ▼ 18750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2014
Transaction ID : SA11AI-108
 Amount of Each Receipt this Period
 18750.00

C. Stephen Leavitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3450 Sacramento St
 City San Francisco State CA Zip Code 94118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A
 Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 16300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : SA11AI-113
 Amount of Each Receipt this Period
 16300.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 53800.00 |
| 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 15 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Nancy Pelosi Victory Fund

A. Maribelle B. Leavitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3450 Sacramento Street
 City San Francisco State CA Zip Code 94118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 16300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : SA11AI-111
 Amount of Each Receipt this Period
 16300.00

B. Jessica Harper Rothman
 Full Name (Last, First, Middle Initial)
 Mailing Address 10960 Wilshire Blvd FL5
 City Los Angeles State CA Zip Code 90024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Writer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 42600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014
Transaction ID : SA11AI-114
 Amount of Each Receipt this Period
 42600.00

C. Danielle Guttman Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Buck Meadow Drive
 City Portola State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Guttman Initiatives Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 32200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : SA11AI-115
 Amount of Each Receipt this Period
 32200.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 91100.00 |
| 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 15 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Nancy Pelosi Victory Fund

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Vinod Khosla | | Date of Receipt |
| Mailing Address 640 Los Trancos Road | | <input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Portola Valley | CA | 94028 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI-116 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Khosla | Venture Capitalist | <input type="text" value="5200.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="5200.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Eleni Tsakopoulous-Kounalakis | | Date of Receipt |
| Mailing Address 2500 Steiner Street Apt #9 | | <input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| San Francisco | CA | 94115 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI-119 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| N/A | Retired | <input type="text" value="20000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="20000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Joseph W Cotchett | | Date of Receipt |
| Mailing Address 840 Malcolm Rd Ste 200 | | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Burlingame | CA | 94010 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI-120 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Self-Employed | Attorney | <input type="text" value="21200.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="21200.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="46400.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value="333900.00"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2014

Transaction ID : SB21B-96

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2014

Transaction ID : SB21B-97

Amount of Each Disbursement this Period

45.29

Full Name (Last, First, Middle Initial)

C. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : SB21B-104

Amount of Each Disbursement this Period

50.00

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

145.29

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. ASAP Printing and Graphics

Mailing Address 2805 Mount Vernon Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Generic Cmte. Printing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2014

Transaction ID : SB21B-100

Amount of Each Disbursement this Period

2501.96

Full Name (Last, First, Middle Initial)

B. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2014

Transaction ID : SB21B-103

Amount of Each Disbursement this Period

47.30

Full Name (Last, First, Middle Initial)

C. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : SB21B-117

Amount of Each Disbursement this Period

50.00

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

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

2599.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Generic Cmte. Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-118

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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NAME OF COMMITTEE (In Full)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 28 | | 2014 |

Mailing Address 430 South Capitol Street SE
2nd Floor

Transaction ID : SB22-109

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

| |
|-----------|
| 125000.00 |
|-----------|

Purpose of Disbursement
Transfer

| |
|--|
| |
|--|

Candidate Name

Democratic Congressional Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi for Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 31 | | 2014 |

Mailing Address 700 13th Street NW
Suite 600

Transaction ID : SB22-121

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

| |
|----------|
| 40000.00 |
|----------|

Purpose of Disbursement
Transfer

| |
|--|
| |
|--|

Candidate Name

Nancy Pelosi for Congress

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 31 | | 2014 |

Mailing Address 430 South Capitol Street SE
2nd Floor

Transaction ID : SB22-122

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

| |
|----------|
| 97800.00 |
|----------|

Purpose of Disbursement
Transfer

| |
|--|
| |
|--|

Candidate Name

Democratic Congressional Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

| |
|-----------|
| 262800.00 |
|-----------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Nancy Pelosi Victory Fund

Full Name (Last, First, Middle Initial)

A. PAC to the Future

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer

Candidate Name
PAC to the Future

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SB22-123

Amount of Each Disbursement this Period

63000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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)..... ▶

63000.00

325800.00