

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

PAGE 1 / 20 RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

14 JAN 31 PM 3:54

Office Use Only

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

ADDRESS (number and street) 228 S WASHINGTON STREET SUITE 115 ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER C00535161 CITY STATE ZIP CODE

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 10 / 01 / 2013 through 12 / 31 / 2013

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 Keith A. Davis Signature of Treasurer Date 01 / 31 / 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. Office Use Only FEC FORM 3X Rev. 12/2004

14020055924

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MCCONNELL 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="4712.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="839.96"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="238400.00"/>	<input type="text" value="295350.00"/>
(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="239239.96"/>	<input type="text" value="300062.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="235778.97"/>	<input type="text" value="296601.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3460.99"/>	<input type="text" value="3460.99"/>
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

14020053925

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MCCONNELL VICTORY COMMITTEE

Report Covering the Period: From:

MM / DD / YYYY
10 / 01 / 2013

To:

MM / DD / YYYY
12 / 31 / 2013

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).....	215800.00	249750.00
(ii) Unitemized.....	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	215900.00	249850.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	22500.00	45500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	238400.00	295350.00
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)).....▶	238400.00	295350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	238400.00	295350.00

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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	28990.05	41251.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28990.05	41251.14
22. Transfers to Affiliated/Other Party Committees	201788.92	250350.00
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)	5000.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	5000.00	5000.00
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)) ..	235778.97	296601.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	235778.97	296601.14

14020055927

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)	238400.00	295350.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	233400.00	290350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	28990.05	41251.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28990.05	41251.14

14020053928

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 20
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. NEIL K. BORTZ		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 1055 ST. PAUL PLACE		Transaction ID : SA11AI.4251
City CINCINNATI	State OH	Zip Code 45202
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer TOWNE PROPERTIES	Occupation REAL ESTATE DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. SUSAN F. CASTELLINI		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 2180 GRANDIN ROAD		Transaction ID : SA11AI.4265
City CINCINNATI	State OH	Zip Code 45208
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 37600.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 37600.00	

Full Name (Last, First, Middle Initial) C. KATHERINE C. DEWITT		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 300 MAIN STREET		Transaction ID : SA11AI.4259
City CINCINNATI	State OH	Zip Code 45202
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	43600.00
TOTAL This Period (last page this line number only).....▶	

14020053929

**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 20
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. WILLIAM O. DEWITT

Mailing Address **300 MAIN STREET**

City **CINCINNATI** State **OH** Zip Code **45202**

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

Name of Employer **ST. LOUIS CARDINALS** Occupation **CHAIRMAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11AI.4257**

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. HARRY J. FATH

Mailing Address **11 ELMHURST PLACE**

City **CINCINNATI** State **OH** Zip Code **45208**

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

Name of Employer **FATH PROPERTIES** Occupation **REAL ESTATE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11AI.4253**

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. LINDA FATH

Mailing Address **11 ELMHURST PLACE**

City **CINCINNATI** State **OH** Zip Code **45208**

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 ▼ **2500.00**

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11AI.4255**

Amount of Each Receipt this Period
2500.00

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

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

10000.00

14020053930

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 20
	<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)
MCCONNELL VICTORY COMMITTEE

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

Mailing Address 312 ELM STREET
SUITE 2600

City CINCINNATI State OH Zip Code 45202

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 ▼
[] 18800.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2013

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period
[] 18800.00

Full Name (Last, First, Middle Initial)
B. SAM FOX

Mailing Address 7701 FORSYTH BLVD
SUITE 600

City ST. LOUIS State MO Zip Code 63105

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

Name of Employer **HARBOUR GROUP** Occupation **FOUNDER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
[] 10000.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2013

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period
[] 10000.00

Full Name (Last, First, Middle Initial)
C. PATRICIA C. HEADLEY

Mailing Address 312 ELM STREET
SUITE 2600

City CINCINNATI State OH Zip Code 45202

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 ▼
[] 18800.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2013

Transaction ID : SA11AI.4249

Amount of Each Receipt this Period
[] 18800.00

SUBTOTAL of Receipts This Page (optional)..... ▶ [] 47600.00

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

14020053931

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. TERENCE L. HORAN

Mailing Address 10298 GENTLEWOOD DRIVE

City CINCINNATI State OH Zip Code 45236

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

Name of Employer HORAN ASSOCIATION Occupation PRESIDENT

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
 12 / 31 / 2013

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period
 [] 1000.00

Full Name (Last, First, Middle Initial)
B. FRANCES R. LINDER

Mailing Address 7725 BUCKINGHAME ROAD

City CINCINNATI State OH Zip Code 45243

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 ▼
[] 37600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period
 [] 37600.00

Full Name (Last, First, Middle Initial)
C. MARTHA S. LINDER

Mailing Address 9459 WHITEGATE LANE

City CINCINNATI State OH Zip Code 45243

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 ▼
[] 37600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period
 [] 37600.00

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

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

[] 76200.00

[]

14020053932

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 20
(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)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. MALLOY MCDANIEL

Mailing Address **2407 CAMERON MILLS ROAD**

City **ALEXANDRIA** State **VA** Zip Code **22302**

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

Name of Employer **BLANK ROME GOVT RELATIONS** Occupation **PRINCIPAL**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
11 / 12 / 2013

Transaction ID : **SA11AI.4221**

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. JILL T. MCGRUDER

Mailing Address **8405 SHAWNEE RUN ROAD**

City **CINCINNATI** State **OH** Zip Code **45243**

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

Name of Employer **WESTERN SOUTHERN** Occupation **ATTORNEY FINANCIAL SERVICES**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11AI.4237**

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. ERIC STEINMAN

Mailing Address **90 BARRETT DRIVE**

City **FT. THOMAS** State **KY** Zip Code **41075**

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

Name of Employer **FORGE LUMBER LLC** Occupation **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4200.00**

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11AI.4241**

Amount of Each Receipt this Period
4200.00

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

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

10200.00

10200.00

14020053933

**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 20	
	(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)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. JACK W. STEINMAN

Mailing Address **76 WALKER ROAD**

City **FT. THOMAS** State **KY** Zip Code **41075**

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

Name of Employer **DELUX ENGRAVIN** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4200.00**

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11AI.4239**

Amount of Each Receipt this Period
4200.00

Full Name (Last, First, Middle Initial)
B. SARAH O. STEINMAN

Mailing Address **8905 SHAWNEE RUN ROAD**

City **CINCINNATI** State **OH** Zip Code **45243**

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 ▼ **500.00**

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11AI.4263**

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. STEVE C. STEINMAN

Mailing Address **8905 SHAWNEE RUN ROAD**

City **CINCINNATI** State **OH** Zip Code **45243**

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

Name of Employer **SIMS-LOHMAN** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11AI.4261**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **5200.00**

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

14020053934

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 20 (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)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. WILLIAM H. WARD

Mailing Address **7490 EASY ST.**

City **MASON** State **OH** Zip Code **45040**

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

Name of Employer **ASHLEY WARD INC.** Occupation **MANUFACTURING**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 12 / **30** / **2013**
Transaction ID : SA11AI.4231

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. GERALDINE WARNER

Mailing Address **8880 OLD INDIAN HILL ROAD**

City **CINCINNATI** State **OH** Zip Code **45243**

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 ▼
 1000.00

Date of Receipt
 12 / **31** / **2013**
Transaction ID : SA11AI.4267

Amount of Each Receipt this Period
 1000.00

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

Mailing Address **2444 MADISON RD.
#1406**

City **CINCINNATI** State **OH** Zip Code **45208**

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

Name of Employer **RICHARD CONSULTING** Occupation **CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 12 / **30** / **2013**
Transaction ID : SA11AI.4229

Amount of Each Receipt this Period
 1000.00

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

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

14020053935

**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 13 OF 20
	<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)
MCCONNELL VICTORY COMMITTEE

A. THOMAS L. WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 4300 WILLIAM HILLS LANE

City CINCINNATI State OH Zip Code 45243

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

Name of Employer NORTH AMERICAN PROPERTIES Occupation REAL ESTATE EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
12 / 30 / 2013

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period
10000.00

B. JEFFREY L. WYLER
Full Name (Last, First, Middle Initial)

Mailing Address 6 MELVILLE LANE

City CINCINNATI State OH Zip Code 45208

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

Name of Employer WYLER AUTO GROUP Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
12 / 30 / 2013

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period
10000.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	215800.00

14020053936

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

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

FOR LINE NUMBER: PAGE 14 OF 20
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. CINTAS CORPORATION PARTNERS PAC

Mailing Address **6800 CINTAS BOULEVARD**

City **MASON** State **OH** Zip Code **45040**

FEC ID number of contributing federal political committee. **C C00449165**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11C.4271**

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
B. WESTERN ACTION PAC

Mailing Address **2780 OLIVE DRIVE**

City **CHEYENNE** State **WY** Zip Code **82001**

FEC ID number of contributing federal political committee. **C C00320176**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **20000.00**

Date of Receipt
12 / 31 / 2013

Transaction ID : **SA11C.4269**

Amount of Each Receipt this Period
20000.00

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **22500.00**

TOTAL This Period (last page this line number only)..... **22500.00**

14020055937

**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)		PAGE 15 OF 20								
	<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

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NAME OF COMMITTEE (In Full)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. BB&T		Date of Disbursement	
Mailing Address 1909 K Street NW		MM / DD / YYYY 10 / 09 / 2013	
City Washington	State DC	Zip Code 20006	Transaction ID : SB21B.4283
Purpose of Disbursement BANK FEE	Candidate Name	Category/ Type	Amount of Each Disbursement this Period 4.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. BB&T		Date of Disbursement	
Mailing Address 1909 K Street NW		MM / DD / YYYY 10 / 15 / 2013	
City Washington	State DC	Zip Code 20006	Transaction ID : SB21B.4282
Purpose of Disbursement MERCHANT FEE	Candidate Name	Category/ Type	Amount of Each Disbursement this Period 264.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. BB&T		Date of Disbursement	
Mailing Address 1909 K Street NW		MM / DD / YYYY 11 / 15 / 2013	
City Washington	State DC	Zip Code 20006	Transaction ID : SB21B.4284
Purpose of Disbursement MERCHANT FEE	Candidate Name	Category/ Type	Amount of Each Disbursement this Period 58.18
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	327.16
TOTAL This Period (last page this line number only).....	

140200538

**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	PAGE 16 OF 20
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NAME OF COMMITTEE (In Full)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. BB&T			Date of Disbursement MM / DD / YYYY 12 / 16 / 2013		
Mailing Address 1909 K Street NW			Transaction ID : SB21B.4285		
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 55.90		
Purpose of Disbursement MERCHANT FEE		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) B. E BEE PRINTING INC.			Date of Disbursement MM / DD / YYYY 12 / 31 / 2013		
Mailing Address 70 SOUTH FOURTH STREET			Transaction ID : SB21B.4290		
City COLUMBUS	State OH	Zip Code 43215	Amount of Each Disbursement this Period 410.45		
Purpose of Disbursement PRINTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

Full Name (Last, First, Middle Initial) C. Huckaby Davis Lisker			Date of Disbursement MM / DD / YYYY 12 / 31 / 2013		
Mailing Address 228 S Washington St Suite 228			Transaction ID : SB21B.4298		
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 2525.35		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2991.70
TOTAL This Period. (last page this line number only).....	

14020055939

**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)						PAGE 17 OF 20				
	<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

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NAME OF COMMITTEE (In Full)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. NK BAUR & ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013	
Mailing Address 9856 ARCHER LANE		Transaction ID : SB21B.4294	
City DUBLIN	State OH	Zip Code 43017	Amount of Each Disbursement this Period 19237.74
Purpose of Disbursement FUNDRAISING CONSULTING/POSTAGE/OFFICE SUPPLIES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. NK BAUR & ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013	
Mailing Address 9856 ARCHER LANE		Transaction ID : SB21B.4299	
City DUBLIN	State OH	Zip Code 43017	Amount of Each Disbursement this Period 3760.00
Purpose of Disbursement Fundraising Consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. NK BAUR & ASSOCIATES, INC.		Date of Disbursement MM / DD / YYYY 12 / 31 / 2013	
Mailing Address 9856 ARCHER LANE		Transaction ID : SB21B.4301	
City DUBLIN	State OH	Zip Code 43017	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Fundraising Consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	23097.74
TOTAL This Period (last page this line number only).....	

14020053940

**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)

PAGE 18 OF 20

<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)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. QUEEN CITY CLUB

Mailing Address 331 EAST 4TH STREET

City CINCINNATI State OH Zip Code 45202

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement:

MM	DD	YYYY
12	31	2013

Transaction ID : SB21B.4292

Amount of Each Disbursement this Period

2573.45

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM	DD	YYYY

Amount of Each Disbursement this Period

--

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM	DD	YYYY

Amount of Each Disbursement this Period

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

2573.45

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

28990.05

14020053941

**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)		PAGE 19 OF 20			
	<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)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. MCCONNELL SENATE COMMITTEE '14

Mailing Address **PO BOX 1496**

City **LOUISVILLE** State **KY** Zip Code **40201**

Purpose of Disbursement
TRANSFER OF NET JFC PROCEEDS

Candidate Name
MITCH MCCONNELL

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: **KY** District: **00**

Date of Disbursement: **12 / 31 / 2013**

Transaction ID : **SB22.4288**

Amount of Each Disbursement this Period
64635.25

Full Name (Last, First, Middle Initial)
B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address **425 SECOND STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
TRANSFER OF NET JFC PROCEEDS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **11 / 30 / 2013**

Transaction ID : **SB22.4286**

Amount of Each Disbursement this Period
2595.27

Full Name (Last, First, Middle Initial)
C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address **425 SECOND STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement
TRANSFER OF NET JFC PROCEEDS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12 / 31 / 2013**

Transaction ID : **SB22.4289**

Amount of Each Disbursement this Period
134558.40

SUBTOTAL of Disbursements This Page (optional)..... **201788.92**

TOTAL This Period (last page this line number only)..... **201788.92**

14020053942

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCONNELL VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 70980

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
12	31	2013

City WASHINGTON State DC Zip Code 20024

Transaction ID : SB28C.4297

Purpose of Disbursement
CONTRIBUTION REFUND

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

5000.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
----------------	----------------	----------------

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

--

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
----------------	----------------	----------------

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

--

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

5000.00

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

5000.00

14020053943

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7115
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS

HAND DELIVERED

Date of Receipt

1-31-14

USPS FIRST CLASS MAIL

Postmark

USPS REGISTERED/CERTIFIED

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

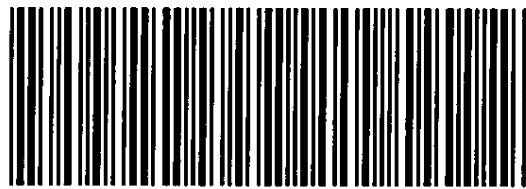
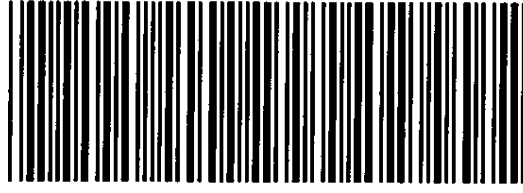
PREPARER

DH

DATE PREPARED

1-31-14

14020053944



14020053945