

# 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.   
VICTORY 2016

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 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)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Norman Olney

Signature of Treasurer Mr. Norman Olney [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**VICTORY 2016**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="62110.61"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="71229.40"/>	<input type="text" value="144129.40"/>
(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="133340.01"/>	<input type="text" value="144129.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="97580.12"/>	<input type="text" value="108369.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="35759.89"/>	<input type="text" value="35759.89"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**VICTORY 2016**

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).....	71129.40	141429.40
(ii) Unitemized .....	100.00	2700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	71229.40	144129.40
(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) .....	71229.40	144129.40
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))..... ▶	71229.40	144129.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	71229.40	144129.40

**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 .....	82580.12	88396.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	82580.12	88396.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	15000.00	19972.90
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)) ..	97580.12	108369.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97580.12	108369.51

**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) .....	71229.40	144129.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	71229.40	144129.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	82580.12	88396.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	82580.12	88396.61

**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 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**VICTORY 2016**

**A. Paul Abler**  
Full Name (Last, First, Middle Initial)

Mailing Address 83752 S Hwy 81

City Norfolk State NE Zip Code 68701

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 29 / 2015  
Transaction ID : SA11AI.4348

Amount of Each Receipt this Period 2500.00

Contribution

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

Mailing Address 15085 Bending Brae Ct

City Brookfield State WI Zip Code 53005

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

Name of Employer Speed Systems Inc Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 25 / 2015  
Transaction ID : SA11AI.4338

Amount of Each Receipt this Period 5000.00

Contribution

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

Mailing Address 5640 Foret Circle

City Reno State NV Zip Code 89511

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 02 / 2015  
Transaction ID : SA11AI.4259

Amount of Each Receipt this Period 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 8500.00

**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 31
	<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)  
**VICTORY 2016**

**A. William Butler**  
Full Name (Last, First, Middle Initial)

Mailing Address 1134 Saffell Rd

City Reisterstom State MD Zip Code 21136

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

Name of Employer Sinclair Broadcasting Group Occupation TV Manager

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  
 09 / 01 / 2015  
**Transaction ID : SA11AI.4360**

Amount of Each Receipt this Period  
 250.00

Contribution

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

Mailing Address PO Box 2406

City Bonita Springs State FL Zip Code 34133

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

Name of Employer None Occupation Retired

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  
 07 / 02 / 2015  
**Transaction ID : SA11AI.4260**

Amount of Each Receipt this Period  
 250.00

Contribution

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

Mailing Address 4766 Highland Park Dr

City Slinger State WI Zip Code 53086

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

Name of Employer None Occupation 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 Y  
 08 / 22 / 2015  
**Transaction ID : SA11AI.4362**

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 8 OF 31
	<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)  
**VICTORY 2016**

**A. Keith Everson**  
Full Name (Last, First, Middle Initial)

Mailing Address N1556 Hwy O

City Hartford State WI Zip Code 53027

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

Name of Employer Occupation  
Sussex Injection Molding President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 02 / 2015  
**Transaction ID : SA11AI.4256**

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 4316 Arcadia Dr

City San Diego State CA Zip Code 92103

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

Name of Employer Occupation  
Eye Care 4U Optometrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 01 / 2015  
**Transaction ID : SA11AI.4369**

Amount of Each Receipt this Period  
250.00

Contribution

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

Mailing Address N11011 US Hwy 12

City Merrilan State WI Zip Code 54754

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

Name of Employer Occupation  
None Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 28 / 2015  
**Transaction ID : SA11AI.4342**

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 9 OF 31
	<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)  
**VICTORY 2016**

**A. Jeanne Gill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7320 W 154th St  
City Orland Park State IL Zip Code 60462  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 28 / 2015**  
**Transaction ID : SA11AI.4358**  
Amount of Each Receipt this Period **1000.00**  
Contribution

**B. J. Michael Jemiola**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2016 Grant Ave B  
City Redondo Beach State CA Zip Code 90278  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 12 / 2015**  
**Transaction ID : SA11AI.4326**  
Amount of Each Receipt this Period **500.00**  
Contribution

**C. Lee Kearney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7611 SE Evergreen Hwy  
City Vancouver State WA Zip Code 98664  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2500.00**

Date of Receipt **07 / 02 / 2015**  
**Transaction ID : SA11AI.4266**  
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: (check only one)	PAGE 10 OF 31
	<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)  
**VICTORY 2016**

**A. Cynthia Knudson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5812 Colwell Rd  
 City Penryn State CA Zip Code 95663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation 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 Y  
 08 / 01 / 2015  
**Transaction ID : SA11AI.4356**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**B. Patty & Richard McHugh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 Canterbury Rd  
 City Eau Claire State WI Zip Code 54701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation 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 Y  
 07 / 07 / 2015  
**Transaction ID : SA11AI.4268**  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**C. Cherna Moskowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21520 Pioneer Bl Ste 205  
 City Hawaiian Gardens State CA Zip Code 90716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 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  
 07 / 17 / 2015  
**Transaction ID : SA11AI.4344**  
 Amount of Each Receipt this Period  
 1000.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<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)  
**VICTORY 2016**

**A. Ronald Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1560 Manzanita Lane  
 City Reno State NV Zip Code 89509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 12 / 2015**  
**Transaction ID : SA11AI.4328**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

**B. Joe Olthafer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14922 Field Dr Rd  
 City Belmont State WI Zip Code 53510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Farmer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 04 / 2015**  
**Transaction ID : SA11AI.4367**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**C. Jane Rainier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Harmony Rd  
 City Carmel State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : SA11AI.4330**  
 Amount of Each Receipt this Period **1000.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
<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)  
**VICTORY 2016**

**A. Janice Robbins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 Avalon Rd  
City Columbus State WI Zip Code 53925  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 30 / 2015  
**Transaction ID : SA11AI.4334**  
Amount of Each Receipt this Period 1000.00  
Contribution

**B. Warren Roberts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1114 Beaver Creek Pkwy  
City Maplewood State MN Zip Code 55119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2015  
**Transaction ID : SA11AI.4340**  
Amount of Each Receipt this Period 500.00  
Contribution

**C. Thomas Rogers**  
Full Name (Last, First, Middle Initial)  
Mailing Address W1194 Co Hwy J  
City Princeton State WI Zip Code 54968  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Neenah Springs, Inc Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : SA11AI.4332**  
Amount of Each Receipt this Period 5000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6500.00  
**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 13 OF 31
	<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)  
**VICTORY 2016**

**A. R. Randall Rollins**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 647

City Atlanta State GA Zip Code 30301

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

Name of Employer Rollins, Inc Occupation CEO

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  
 07 / 02 / 2015

**Transaction ID : SA11AI.4264**

Amount of Each Receipt this Period  
5000.00

Contribution

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

Mailing Address 455 E Morgan Ave

City Milwaukee State WI Zip Code 53207

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

Name of Employer None Occupation 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 Y  
 08 / 21 / 2015

**Transaction ID : SA11AI.4366**

Amount of Each Receipt this Period  
250.00

Contribution

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

Mailing Address 1 N Breakers Row Apt 351

City Palm Beach State FL Zip Code 33480

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : SA11AI.4371**

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<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)  
**VICTORY 2016**

**A. Hugh Schilling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8191 Elbow Lake Rd  
 City Siren State WI Zip Code 54872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **26000.00**

Date of Receipt **07 / 23 / 2015**  
**Transaction ID : SA11AI.4337**  
 Amount of Each Receipt this Period **25000.00**  
 Contribution

**B. Frank Shrontz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 9th Ave Apt 1405  
 City Seattle State WA Zip Code 98104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 20 / 2015**  
**Transaction ID : SA11AI.4364**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**C. Rita Stilin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 72303 Pufal Rd  
 City Highbridge State WI Zip Code 54846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **07 / 24 / 2015**  
**Transaction ID : SA11AI.4352**  
 Amount of Each Receipt this Period **2000.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>27500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 31  
(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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)  
**A. Henry Tippie**

Mailing Address **PO Box 26557**

City **Austin** State **TX** Zip Code **78755**

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

Name of Employer **Self** Occupation **Business Owner**

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  
**07 / 20 / 2015**

**Transaction ID : SA11AI.4346**

Amount of Each Receipt this Period  
**1000.00**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Victory 2016**

Mailing Address **5535 Memorial Dr**

City **Houston** State **TX** Zip Code **77007**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **629.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : SA11AI.4373**

Amount of Each Receipt this Period  
**629.40**

Unitemized Contributions

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

Mailing Address **192 Pritchard Dr**

City **Palm Coast** State **FL** Zip Code **32164**

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

Name of Employer **None** Occupation **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 Y  
**07 / 24 / 2015**

**Transaction ID : SA11AI.4350**

Amount of Each Receipt this Period  
**500.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2129.40**

**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 16 OF 31  
(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)  
**VICTORY 2016**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Wisniewski**

Mailing Address 20920 W Windsor Dr

City New Berlin State WI Zip Code 53146

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11AI.4354**

Amount of Each Receipt this Period  
 10000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	71129.40



**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. Black Hills Consultants**

Mailing Address 110 E Center St, Suite 2053

City Madison State SD Zip Code 57042

Purpose of Disbursement  
Fund Raising Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : **SB21B.4290**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**B. Black Hills Consultants**

Mailing Address 110 E Center St, Suite 2053

City Madison State SD Zip Code 57042

Purpose of Disbursement  
Fund Raising Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2015

Transaction ID : **SB21B.4292**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**C. Black Hills Consultants**

Mailing Address 110 E Center St, Suite 2053

City Madison State SD Zip Code 57042

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : **SB21B.4303**

Amount of Each Disbursement this Period

6000.00

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

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

18000.00

**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. Black Hills Consultants**

Mailing Address 110 E Center St, Suite 2053

City Madison State SD Zip Code 57042

Purpose of Disbursement  
Fund Raising Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2015

Transaction ID : **SB21B.4315**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Black Hills Consultants**

Mailing Address 110 E Center St, Suite 2053

City Madison State SD Zip Code 57042

Purpose of Disbursement  
List Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

Transaction ID : **SB21B.4322**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Black Hills Consultants**

Mailing Address 110 E Center St, Suite 2053

City Madison State SD Zip Code 57042

Purpose of Disbursement  
Fund Raising Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 28 / 2015

Transaction ID : **SB21B.4325**

Amount of Each Disbursement this Period

2000.00

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

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

10000.00

**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. California Bank & Trust**

Mailing Address PO Box 489

City Lawndale State CA Zip Code 90260

Purpose of Disbursement  
Wire Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2015

**Transaction ID : SB21B.4278**

Amount of Each Disbursement this Period

30.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. California Bank & Trust**

Mailing Address PO Box 489

City Lawndale State CA Zip Code 90260

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2015

**Transaction ID : SB21B.4279**

Amount of Each Disbursement this Period

76.76

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. California Bank & Trust**

Mailing Address PO Box 489

City Lawndale State CA Zip Code 90260

Purpose of Disbursement  
Endorsement Stamp

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2015

**Transaction ID : SB21B.4280**

Amount of Each Disbursement this Period

51.90

Category/  
Type

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

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

158.66

**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. California Bank & Trust**

Mailing Address PO Box 489

City Lawndale State CA Zip Code 90260

Purpose of Disbursement  
Wire Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2015

**Transaction ID : SB21B.4287**

Amount of Each Disbursement this Period

30.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. California Bank & Trust**

Mailing Address PO Box 489

City Lawndale State CA Zip Code 90260

Purpose of Disbursement  
Wire Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2015

**Transaction ID : SB21B.4289**

Amount of Each Disbursement this Period

30.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. California Bank & Trust**

Mailing Address PO Box 489

City Lawndale State CA Zip Code 90260

Purpose of Disbursement  
Wire Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : SB21B.4300**

Amount of Each Disbursement this Period

30.00

Category/  
Type

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

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

90.00

**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. California Bank & Trust**

Mailing Address PO Box 489

City Lawndale State CA Zip Code 90260

Purpose of Disbursement  
Return Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB21B.4301**

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

**B. California Bank & Trust**

Mailing Address PO Box 489

City Lawndale State CA Zip Code 90260

Purpose of Disbursement  
Wire Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

**Transaction ID : SB21B.4319**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Grassroots Campaign Creations**

Mailing Address 2360 Corporate Center Ste 400

City Henderson State NV Zip Code 89074

Purpose of Disbursement  
Web Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2015

**Transaction ID : SB21B.4285**

Amount of Each Disbursement this Period

6000.00

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

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

6042.00

**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. Janet Hampson**

Mailing Address 13421 Malena Dr

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement  
Clerical Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

Transaction ID : **SB21B.4316**

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Janet Hampson**

Mailing Address 13421 Malena Dr

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement  
Clerical Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

Transaction ID : **SB21B.4324**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Heritage Trust Consulting**

Mailing Address 16861 NW 82nd Ave

City Miami Lakes State FL Zip Code 33016

Purpose of Disbursement  
Mailing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : **SB21B.4296**

Amount of Each Disbursement this Period

6000.00

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

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

7950.00

**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. Heritage Trust Consulting**

Mailing Address 16861 NW 82nd Ave

City Miami Lakes State FL Zip Code 33016

Purpose of Disbursement  
Mailing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4304**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Heritage Trust Consulting**

Mailing Address 16861 NW 82nd Ave

City Miami Lakes State FL Zip Code 33016

Purpose of Disbursement  
Postage/Mailing services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4305**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Heritage Trust Consulting**

Mailing Address 16861 NW 82nd Ave

City Miami Lakes State FL Zip Code 33016

Purpose of Disbursement  
Mailing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4312**

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 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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. Heritage Trust Consulting**

Mailing Address 16861 NW 82nd Ave

City State Zip Code  
Miami Lakes FL 33016

Purpose of Disbursement  
Mailing Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2015

**Transaction ID : SB21B.4309**

Amount of Each Disbursement this Period

1450.40

Full Name (Last, First, Middle Initial)

**B. Heritage Trust Consulting**

Mailing Address 16861 NW 82nd Ave

City State Zip Code  
Miami Lakes FL 33016

Purpose of Disbursement  
Mailing Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

**Transaction ID : SB21B.4310**

Amount of Each Disbursement this Period

1392.51

Full Name (Last, First, Middle Initial)

**C. Heritage Trust Consulting**

Mailing Address 16861 NW 82nd Ave

City State Zip Code  
Miami Lakes FL 33016

Purpose of Disbursement  
Mailing Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2015

**Transaction ID : SB21B.4311**

Amount of Each Disbursement this Period

1016.63

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

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

3859.54



**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. Heritage Trust Consulting**

Mailing Address 16861 NW 82nd Ave

City Miami Lakes State FL Zip Code 33016

Purpose of Disbursement  
Mailing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

Transaction ID : **SB21B.4320**

Amount of Each Disbursement this Period

1700.00

Full Name (Last, First, Middle Initial)

**B. Heritage Trust Consulting**

Mailing Address 16861 NW 82nd Ave

City Miami Lakes State FL Zip Code 33016

Purpose of Disbursement  
Printing & Mailing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2015

Transaction ID : **SB21B.4321**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Landslide Communications**

Mailing Address 3838 Rayment Dr Ste 3

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2015

Transaction ID : **SB21B.4277**

Amount of Each Disbursement this Period

6000.00

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

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

8200.00

**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. Landslide Communications**

Mailing Address 3838 Raymert Dr Ste 3

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4288**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Landslide Communications**

Mailing Address 3838 Raymert Dr Ste 3

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4299**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Landslide Communications**

Mailing Address 3838 Raymert Dr Ste 3

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.4318**

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 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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. Mr. Norman Olney**

Mailing Address 5920 Friars Road Ste 204

City San Diego State CA Zip Code 92108

Purpose of Disbursement  
Management Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2015

**Transaction ID : SB21B.4282**

Amount of Each Disbursement this Period

1500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Mr. Norman Olney**

Mailing Address 5920 Friars Road Ste 204

City San Diego State CA Zip Code 92108

Purpose of Disbursement  
Management Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : SB21B.4291**

Amount of Each Disbursement this Period

1500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Mr. Norman Olney**

Mailing Address 5920 Friars Road Ste 204

City San Diego State CA Zip Code 92108

Purpose of Disbursement  
Management Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

**Transaction ID : SB21B.4298**

Amount of Each Disbursement this Period

1500.00

Category/  
Type

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

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

4500.00

**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. Mr. Norman Olney**

Mailing Address 5920 Friars Road Ste 204

City San Diego State CA Zip Code 92108

Purpose of Disbursement  
Management Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

**Transaction ID : SB21B.4302**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Norman Olney**

Mailing Address 5920 Friars Road Ste 204

City San Diego State CA Zip Code 92108

Purpose of Disbursement  
Management Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2015

**Transaction ID : SB21B.4314**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Norman Olney**

Mailing Address 5920 Friars Road Ste 204

City San Diego State CA Zip Code 92108

Purpose of Disbursement  
Management Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2015

**Transaction ID : SB21B.4323**

Amount of Each Disbursement this Period

1500.00

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

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

4500.00

**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. Postmaster**

Mailing Address 2201 N Grand Ave

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

**Transaction ID : SB21B.4281**

Amount of Each Disbursement this Period

980.00

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 2120 East 17th St

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : SB21B.4293**

Amount of Each Disbursement this Period

445.98

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 2120 East 17th St

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2015

**Transaction ID : SB21B.4295**

Amount of Each Disbursement this Period

145.78

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

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

1571.76

**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)  
**VICTORY 2016**

Full Name (Last, First, Middle Initial)

**A. The UPS Store**

Mailing Address 5535 Memorial Drive

City Houston State TX Zip Code 77007

Purpose of Disbursement  
Mailing Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2015

**Transaction ID : SB21B.4283**

Amount of Each Disbursement this Period

399.00

**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

MM / DD / YYYY

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

399.00

82579.72

