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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Rifle Association of America Political Victory Fund 11250 Waples Mill Road ADDRESS (number and street) (Check if address is changed) Fairfax 22030 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rowens@nrahq.org (Check if address is changed) Optional Second E-Mail Address pvfcompliance@nrahq.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.nrapvf.org (Check if address is changed) DATE 2020 C00053553 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Owens, G,, Robert, Type or Print Name of Treasurer Owens, G,, Robert, [Electronically Filed] 01 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i uyo z
Can	ididate	e Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	-		
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V	/rite or Type Committee Na		
1	National Rifle	Association of America Political Victory Fund	
6.	Name of Any Connected	l Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
N	ational Rifle Associ	ation of America	
	Mailing Address	11250 Waples Mill Road	
	Mailing Address		
		Fairfax VA 22030	
		CITY STATE Z	IP CODE
	Relationship: x Connec	ted Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
	Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the person in posse	ession of committee
	Owens,	G, , Robert,	
	Full Name	,11250 Waples Mill Road	
	Mailing Address		
		Fairfax VA 22030	
	Title or Position	CITY STATE ZI	P CODE
	Treasurer		67 1157
3.	Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the name, assistant treasurer).	e and address of
	Full Name Owens, of Treasurer	G, , Robert,	
	Mailing Address	11250 Waples Mill Road	
		Fairfax VA 22030	
	Title or Position	CITY STATE ZI	P CODE
	Treasurer	703 26	7 - 1157

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Full Name of Designated Agent	DePalma, Rich, , ,	
Mailing Address	11250 Waples Mill Road	
	Fairfax VA 22030 CITY STATE Z	ZIP CODE
Title or Position Controller		267
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds.	accounts, rents
-	Depository, etc.	
Name of Bank,	Depository, etc. Wells Fargo Bank, N.A.	
-	Depository, etc. Wells Fargo Bank, N.A.	
Name of Bank,	Depository, etc. Wells Fargo Bank, N.A.	
Name of Bank,	Depository, etc. Wells Fargo Bank, N.A. 1753 Pinnacle Drive McLean VA 22012	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank, N.A. 1753 Pinnacle Drive McLean VA 22012	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank, N.A. 1753 Pinnacle Drive McLean CITY STATE Depository, etc. Bank of America	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank, N.A. 1753 Pinnacle Drive McLean VA 222012 CITY STATE Depository, etc. Bank of America 100 North Tryon Street	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo Bank, N.A. 1753 Pinnacle Drive McLean VA 222012 CITY STATE Depository, etc. Bank of America 100 North Tryon Street	ZIP CODE

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F1A Transaction ID:

Adding three bank accounts

Form/Schedule: Transaction ID:

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraisi n	o Participant:		
- (3)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4		1 EO ID Hambor	0
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
				1
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		94104
8.	Full Name			
8.	Full Name	CITY A	CA STATE A	94104 ZIP CODE A
8.	Full Name	CITY A		
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors safety deposit boxes or mail	CITY CITY Te ries: List all banks or other depositories in which aintains funds. of the West	STATE A	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Bank of	CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which aintains funds. of the West 1800 Montgomery Street	STATE A	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which aintains funds. of the West	STATE A	ZIP CODE ▲

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:			
1.			FEC ID numbe	er C
2.			FEC ID numbe	er C
3.			FEC ID number	er C
4.			FEC ID number	er C
lame of Any Connected	Organization, Affiliated	Committee, Joint Fur	ndraising Representa	tive, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY 🛦	STATE	▲ ZIP CODE ▲
Connecte	ed Organization Affiliat	ed Committee Jo	oint Fundraising Repres	entative Leadership PAC Sp
esignated Agent: Identi	Affiliat Aff		oint Fundraising Repres	entative Leadership PAC Sp
			oint Fundraising Repres	entative Leadership PAC Sp
esignated Agent: Identi			oint Fundraising Repres	entative Leadership PAC Sp
esignated Agent: Identi			oint Fundraising Repres	entative Leadership PAC Sp
esignated Agent: Identi			oint Fundraising Repres	entative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phor		oint Fundraising Repres	
resignated Agent: Identi Full Name Mailing Address	fy by name, address (phor	ne number – optional)		
resignated Agent: Identi Full Name Mailing Address	fy by name, address (phor	ne number – optional)	STATE 4	
Full Name Mailing Address TITLE OR POSITION	fy by name, address (phor	ne number – optional)	STATE 4	
Full Name Mailing Address TITLE OR POSITION Fanks or Other Deposit afety deposit boxes or mailing and mailing a	fy by name, address (phore in the interest of	ne number – optional)	STATE 4	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	fy by name, address (phore in the interest of	ne number – optional)	STATE 4	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make the same of Bank, TD Bareners TD Barener	fy by name, address (phore in the interest of	ne number – optional)	STATE 4	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the property of the propert	fy by name, address (phore the state of the	ne number – optional)	STATE 4	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the property of the propert	by by name, address (phore)	ne number – optional)	STATE 4	ZIP CODE A