

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
National Rifle Association of America Political Victory Fund

ADDRESS (number and street) 11250 Waples Mill Road  
Fairfax VA 22030  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00053553 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 [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 11 / 29 / 2016 through [MM] / [DD] / [YYYY] 12 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Adkins, Mary Rose, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Adkins, Mary Rose, , , [Electronically Filed] Date 01 / 27 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Rifle Association of America Political Victory Fund

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

|  | COLUMN A<br>This Period                 | COLUMN B<br>Calendar Year-to-Date        |
|--|---|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2016"/>  |   | <input type="text" value="10794076.40"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="1617199.85"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="12080.38"/>   | <input type="text" value="11844049.59"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="1629280.23"/> | <input type="text" value="22638125.99"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="161993.63"/>  | <input type="text" value="21170839.39"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="1467286.60"/> | <input type="text" value="1467286.60"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>       |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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. 05/2016)

Write or Type Committee Name

**National Rifle Association of America Political Victory Fund**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 29 / 2016 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2016

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 4811.97                       | 1865813.60                        |
| (ii) Unitemized .....   | 7268.31                       | 9643171.80                        |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 12080.28                      | 11508985.40                       |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 7700.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 12080.28                      | 11516685.40                       |
| 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                          | 325803.72                         |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.10                          | 1560.47                           |
| 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)).....▶                         | 12080.38                      | 11844049.59                       |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 12080.38                      | 11844049.59                       |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 3747.87                       | 167766.52                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 3747.87                       | 167766.52                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 15400.00                      | 633550.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 127095.76                     | 19232446.94                       |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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                          | 8120.00                           |
| (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                          | 8120.00                           |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 15750.00                      | 1128955.93                        |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) ..      | 161993.63                     | 21170839.39                       |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 161993.63                     | 21170839.39                       |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 12080.28                              | 11516685.40                               |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 8120.00                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 12080.28                              | 11508565.40                               |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 3747.87                               | 167766.52                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 325803.72                                 |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 3747.87                               | -158037.20                                |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 6 OF 43  |
| <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 |

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)  
**National Rifle Association of America Political Victory Fund**

**A. GLASER, BILL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2639 CEDAR AVE

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>SAINT PAUL | State<br>MN | Zip Code<br>55110-4563 |
|--------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>ADVANCE CIRCUITS | Occupation (for Individual)<br>FACTORY WORKER |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 29  |   | 2016    |

**Transaction ID : 74539033**

Amount of Each Receipt this Period  
35.00

Memo Item

**B. SCHULTZ, DONALD, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7678 BUNKER HILL RD

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>CLEVELAND | State<br>OH | Zip Code<br>44130-6803 |
|-------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>SELF EMPLOYED | Occupation (for Individual)<br>ENGINEER |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 29  |   | 2016    |

**Transaction ID : 74539530**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ROYER, RAYMOND E, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1079

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>DEERFIELD BEACH | State<br>FL | Zip Code<br>33443-1079 |
|-------------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Retired | Occupation (for Individual)<br>Retired |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 23  |   | 2016    |

**Transaction ID : 74793746**

Amount of Each Receipt this Period  
20.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 155.00 |
| <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 7 OF 43  |
| <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)  
**National Rifle Association of America Political Victory Fund**

**A. COX, CHRIS W, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 320580

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>ALEXANDRIA | State<br>VA | Zip Code<br>22320-4580 |
|--------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>NATIONAL RIFLE ASSOCIATION | Occupation (for Individual)<br>EXECUTIVE DIRECTOR |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 29    | / | 2016        |

**Transaction ID : 74793748**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. COX, CHRIS W, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 320580

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>ALEXANDRIA | State<br>VA | Zip Code<br>22320-4580 |
|--------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>NATIONAL RIFLE ASSOCIATION | Occupation (for Individual)<br>EXECUTIVE DIRECTOR |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 29    | / | 2016        |

**Transaction ID : 74793749**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. COX, CHRIS W, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 320580

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>ALEXANDRIA | State<br>VA | Zip Code<br>22320-4580 |
|--------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>NATIONAL RIFLE ASSOCIATION | Occupation (for Individual)<br>EXECUTIVE DIRECTOR |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2900.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 29    | / | 2016        |

**Transaction ID : 74793750**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 300.00 |
| <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 8 OF 43                 |
|   | <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)  
**National Rifle Association of America Political Victory Fund**

**A. RICKARD, STAN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 507 WATER ST S

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>HART | State<br>MI | Zip Code<br>49420-1246 |
|--------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>City of Hart | Occupation (for Individual)<br>Manager |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
343.55

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 19    | / | 2016        |

**Transaction ID : 74793754**

Amount of Each Receipt this Period  
46.26

Memo Item

**B. KEZAR, WILLIAM K, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11942 OTTAWA PL

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>CHINO | State<br>CA | Zip Code<br>91710-6410 |
|---------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>STATE OF CALIFORNIA | Occupation (for Individual)<br>CORRECTIONS OFFICER |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
722.41

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 22    | / | 2016        |

**Transaction ID : 74793756**

Amount of Each Receipt this Period  
18.71

Memo Item

**C. MURPHY, MICHAEL S, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5097 N MOUNTAIN VIEW AVE

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>SAN BERNARDINO | State<br>CA | Zip Code<br>92407-3219 |
|------------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>CO.SB | Occupation (for Individual)<br>ENG. TECH. |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 25    | / | 2016        |

**Transaction ID : 74793762**

Amount of Each Receipt this Period  
50.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 114.97 |
| <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 9 OF 43  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Rifle Association of America Political Victory Fund**

**A. JOHNSON, GARY S, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1341

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>CONOVER | State<br>NC | Zip Code<br>28613-1341 |
|-----------------|-------------|------------------------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 12 / 01 / 2016  
**Transaction ID : 74793770**

Amount of Each Receipt this Period  
 50.00

Memo Item

**B. LONGMOOR, RON, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 713 S POMEROY

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>MESA | State<br>AZ | Zip Code<br>85210-2537 |
|--------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>MOTOROLA COMPUTER GROUP | Occupation (for Individual)<br>EMC TEST ENGINEER |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 12 / 22 / 2016  
**Transaction ID : 74793788**

Amount of Each Receipt this Period  
 50.00

Memo Item

**C. PRESCOTT, S N, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1575 E WASHINGTON BLVD APT 619

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>PASADENA | State<br>CA | Zip Code<br>91104-2669 |
|------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>SRS TECHNOLOGIES | Occupation (for Individual)<br>ENGINEER |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 326.00

Date of Receipt  
 12 / 27 / 2016  
**Transaction ID : 74793791**

Amount of Each Receipt this Period  
 55.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 155.00 |
| <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 10 OF 43   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**National Rifle Association of America Political Victory Fund**

**A. BARNES, DUANE D, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17132 NEWQUIST LN  
 City HUNTINGTON BEACH State CA Zip Code 92649-4539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : 74793794**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. KING, CARROLL, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7232 E TURNER CAMP RD  
 City INVERNESS State FL Zip Code 34453-1445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 22 / 2016  
**Transaction ID : 74793796**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. FORMA, JOSEPH S, , MR, SR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 ROYCROFT PKWY  
 City ELMA State NY Zip Code 14059-9316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 12 / 22 / 2016  
**Transaction ID : 74793803**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 420.00 |
| <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 43                |
|   | <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)  
**National Rifle Association of America Political Victory Fund**

**A. DONALDSON, M E, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 758 GREY EAGLE CIR S

|                          |             |                        |
|--------------------------|-------------|------------------------|
| City<br>COLORADO SPRINGS | State<br>CO | Zip Code<br>80919-1614 |
|--------------------------|-------------|------------------------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 14    | / | 2016        |

**Transaction ID : 74793823**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. WADE, JERRY W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 612 HOSPITAL DR

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>ANDREWS | State<br>TX | Zip Code<br>79714-3615 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>SELF EMPLOYED | Occupation (for Individual)<br>DENTIST |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 22    | / | 2016        |

**Transaction ID : 74793825**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. PODOMINICK, THOMAS A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 261

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>METALINE FALLS | State<br>WA | Zip Code<br>99153-0261 |
|------------------------|-------------|------------------------|

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

|                                   |  |
|-----------------------------------|--|
| Name of Employer (for Individual) | Occupation (for Individual)<br>Retired |
|-----------------------------------|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 19    | / | 2016        |

**Transaction ID : 74793832**

Amount of Each Receipt this Period  
125.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 205.00 |
| <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 12 OF 43                |
|   | <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)  
**National Rifle Association of America Political Victory Fund**

**A. MAESTAS, BENNY R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24301 ANDREA ST

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>LAGUNA HILLS | State<br>CA | Zip Code<br>92656-3181 |
|----------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>MITCHELL INTERNATIONAL | Occupation (for Individual)<br>COMPUTER ANALYST |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 22    | / | 2016        |

**Transaction ID : 74793834**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. EMLEY, CHARLES G, , MR, III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 429 ENCLAVE CIR APT 301

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>COSTA MESA | State<br>CA | Zip Code<br>92626-8293 |
|--------------------|-------------|------------------------|

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

|                                   |  |
|-----------------------------------|--|
| Name of Employer (for Individual) | Occupation (for Individual)<br>Retired |
|-----------------------------------|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 02    | / | 2016        |

**Transaction ID : 74793836**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. FRECHTLING, ANDREW C, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1141 GREATHOUSE RD

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>WAXAHACHIE | State<br>TX | Zip Code<br>75167-8309 |
|--------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>SOUTHWEST AIRLINES | Occupation (for Individual)<br>commercial pilot |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 01    | / | 2016        |

**Transaction ID : 74793837**

Amount of Each Receipt this Period  
200.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 325.00 |
| <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 13 OF 43                |
|   | <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)  
**National Rifle Association of America Political Victory Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. CARROW, RONALD L, , MR,**

Mailing Address 4131 N 60TH AVE

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>OMAHA | State<br>NE | Zip Code<br>68104-2712 |
|---------------|-------------|------------------------|

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

Name of Employer (for Individual) Occupation (for Individual)  
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 |
| 12    |   | 05    |   | 2016        |

**Transaction ID : 74793840**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. PRUST, ALLAN E, , MAJ,**

Mailing Address 8701 S KOLB RD

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>TUCSON | State<br>AZ | Zip Code<br>85756-9607 |
|----------------|-------------|------------------------|

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

Name of Employer (for Individual) Occupation (for Individual)  
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 |
| 12    |   | 12    |   | 2016        |

**Transaction ID : 74793842**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. RILEY, DANIEL W, , MR,**

Mailing Address 33 GREENVALE RD

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>CHERRY HILL | State<br>NJ | Zip Code<br>08034-1703 |
|---------------------|-------------|------------------------|

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

Name of Employer (for Individual) Occupation (for Individual)  
FAA Technical Center Retired - Engineer

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 15    |   | 2016        |

**Transaction ID : 74793851**

Amount of Each Receipt this Period  
25.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 175.00 |
| <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 43                |
|   | <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)  
**National Rifle Association of America Political Victory Fund**

**A. MAXEY, BILLY, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 618 WHEELER RD

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>PALMERVILLE | State<br>TN | Zip Code<br>38241-3103 |
|---------------------|-------------|------------------------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

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 |
| 12    |   | 22    |   | 2016        |

**Transaction ID : 74793853**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. GREEN, GREGORY G, G, MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 89459

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>TUCSON | State<br>AZ | Zip Code<br>85752-9459 |
|----------------|-------------|------------------------|

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

|  |                                      |
|--|--------------------------------------|
| Name of Employer (for Individual)<br>Lone Wolf Woodworking | Occupation (for Individual)<br>Owner |
|--|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 22    |   | 2016        |

**Transaction ID : 74793854**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. HANNAM, DAVID C, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2612 UPPER MOUNTAIN RD

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>SANBORN | State<br>NY | Zip Code<br>14132-9390 |
|-----------------|-------------|------------------------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 22    |   | 2016        |

**Transaction ID : 74793857**

Amount of Each Receipt this Period  
30.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 255.00 |
| <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 15 OF 43                |
|   | <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)  
**National Rifle Association of America Political Victory Fund**

**A. LUNDGREN, ROBERT A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7634 IVORY LN

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>ROCKFORD | State<br>IL | Zip Code<br>61108-2628 |
|------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>ARNOLD LUNDGREN & ASSOC INC | Occupation (for Individual)<br>PROF ENGR & LAND SUR |
|--|---|

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 |
| 12    |   | 22    |   | 2016        |

**Transaction ID : 74793864**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. WALLACE, WILLIAM T, , MR, JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 134

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>QUARTZSITE | State<br>AZ | Zip Code<br>85346-0134 |
|--------------------|-------------|------------------------|

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

|                                   |   |
|-----------------------------------|---|
| Name of Employer (for Individual) | Occupation (for Individual)<br>DISABLED |
|-----------------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 22    |   | 2016        |

**Transaction ID : 74793870**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. HOPPER, ELMER R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 190 CATFISH LN

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>CRUMP | State<br>TN | Zip Code<br>38327-3703 |
|---------------|-------------|------------------------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 12    |   | 2016        |

**Transaction ID : 74793877**

Amount of Each Receipt this Period  
100.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 450.00 |
| <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: PAGE 16 OF 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**National Rifle Association of America Political Victory Fund**

**A. BENNETT, BILL, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1238 RUE CAP FERRAT  
 City SAN MARCOS State CA Zip Code 92078-7230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 22 / 2016  
**Transaction ID : 74793882**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. SECRIST, ROBERT V, V, MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3069 TRUMPOWER RD  
 City PERRYVILLE State OH Zip Code 44864-9305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : 74793883**  
 Amount of Each Receipt this Period 24.00  
 Memo Item

**C. LILLA, AL, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2530 OPPIO ST  
 City SPARKS State NV Zip Code 89431-1930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 257.00

Date of Receipt 12 / 05 / 2016  
**Transaction ID : 74793885**  
 Amount of Each Receipt this Period 26.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 17 OF 43                |
|   | <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)  
**National Rifle Association of America Political Victory Fund**

**A. NURRE, JOHN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6603 POWNER FARM DR

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>CINCINNATI | State<br>OH | Zip Code<br>45248-2971 |
|--------------------|-------------|------------------------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 08    |   | 2016        |

**Transaction ID : 74793899**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. PALKIN, FELIX A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10303 E HIGHWAY 84

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>AXTELL | State<br>TX | Zip Code<br>76624-1423 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Texas State Technical College | Occupation (for Individual)<br>Lab Assistant |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 16    |   | 2016        |

**Transaction ID : 74793905**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. LUAllen, WILLIAM J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1155 WALDEN OAKS DR APT 302W

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>WOODSTOCK | State<br>IL | Zip Code<br>60098-4094 |
|-------------------|-------------|------------------------|

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

|                                   |  |
|-----------------------------------|--|
| Name of Employer (for Individual) | Occupation (for Individual)<br>RETIRED |
|-----------------------------------|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
396.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 22    |   | 2016        |

**Transaction ID : 74793909**

Amount of Each Receipt this Period  
30.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 255.00 |
| <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 18 OF 43                |
|   | <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)  
**National Rifle Association of America Political Victory Fund**

**A. WHITE, BENNY E, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1715 E KLEINDALE RD

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>TUCSON | State<br>AZ | Zip Code<br>85719-1918 |
|----------------|-------------|------------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer (for Individual)<br>DELTA AIRLINES | Occupation (for Individual)<br>PILOT |
|---|--------------------------------------|

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 |
| 12    |   | 13    |   | 2016        |

**Transaction ID : 74793911**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. FINK, GEORGE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 516 OLD BARNSTABLE RD

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>E FALMOUTH | State<br>MA | Zip Code<br>02536-5440 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Retired | Occupation (for Individual)<br>Retired |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
620.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 22    |   | 2016        |

**Transaction ID : 74793916**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. KRAUS, LAWRENCE W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 914

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>SNOWFLAKE | State<br>AZ | Zip Code<br>85937-0914 |
|-------------------|-------------|------------------------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 01    |   | 2016        |

**Transaction ID : 74793922**

Amount of Each Receipt this Period  
25.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1045.00 |
| <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 19 OF 43                |
|   | <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)  
**National Rifle Association of America Political Victory Fund**

**A. BOGART, MICHAEL J, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 295

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>SUMPTER | State<br>OR | Zip Code<br>97877-0295 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Retired | Occupation (for Individual)<br>Retired |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 22    | / | 2016        |

**Transaction ID : 74793928**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. ZWIRBLIS, RICHARD, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 426 SHELTER RD

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>RONKONKOMA | State<br>NY | Zip Code<br>11779-5112 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>MISONIX INC | Occupation (for Individual)<br>ELECTRONIC MEDICAL TECH |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 19    | / | 2016        |

**Transaction ID : 74793937**

Amount of Each Receipt this Period  
26.00

Memo Item

**C. STEELE, THOMAS, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 DECKMAN HOLLOW RD

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>WILLIAMSPORT | State<br>PA | Zip Code<br>17701-8813 |
|----------------------|-------------|------------------------|

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

|                                   |  |
|-----------------------------------|--|
| Name of Employer (for Individual) | Occupation (for Individual)<br>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 |
| 12    | / | 22    | / | 2016        |

**Transaction ID : 74793944**

Amount of Each Receipt this Period  
100.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 151.00 |
| <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 20 OF 43                |
|   | <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)  
**National Rifle Association of America Political Victory Fund**

**A. FULLER, DANIEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2012 HIGHWAY 160 W # 50

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>FORT MILL | State<br>SC | Zip Code<br>29708-8401 |
|-------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>CHENIERE ENERGY | Occupation (for Individual)<br>DIRECTOR MARINE OPERATIONS |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 23    |   | 2016        |

**Transaction ID : 74793945**

Amount of Each Receipt this Period  
60.00

Memo Item

**B. DAVIS, DYKE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11912 IL HIGHWAY 1

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>PARIS | State<br>IL | Zip Code<br>61944-8314 |
|---------------|-------------|------------------------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 22    |   | 2016        |

**Transaction ID : 74793947**

Amount of Each Receipt this Period  
26.00

Memo Item

**C. ANDREPONT, JOSEPH, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1839 SAUL AVE

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>ZACHARY | State<br>LA | Zip Code<br>70791-5907 |
|-----------------|-------------|------------------------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 01    |   | 2016        |

**Transaction ID : 74793952**

Amount of Each Receipt this Period  
20.00

Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 106.00 |
| <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: PAGE 21 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Rifle Association of America Political Victory Fund**

**A. REBIK, THOMAS, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5163 N HIGHWAY A1A APT 816  
 City FORT PIERCE State FL Zip Code 34949-7814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 22 / 2016  
**Transaction ID : 74793967**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. REBIK, THOMAS, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5163 N HIGHWAY A1A APT 816  
 City FORT PIERCE State FL Zip Code 34949-7814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 22 / 2016  
**Transaction ID : 74793968**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. SCHOENSTADT, ARTHUR L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22402 MONTERA PLACE  
 City SALINAS State CA Zip Code 93908-1028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 15 / 2016  
**Transaction ID : 74793969**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 43                |
|   | <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)  
**National Rifle Association of America Political Victory Fund**

**A. CASSADY, JASEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 349 NOLA ST

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>LAS VEGAS | State<br>NV | Zip Code<br>89138-2017 |
|-------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Cassady Law Offices, P.C. | Occupation (for Individual)<br>Attorney |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 22    |   | 2016        |

**Transaction ID : 74793972**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. LARSEN, KENT M, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57112 SAND HILL LN

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>AMES | State<br>IA | Zip Code<br>50010-9366 |
|--------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Con-Struct, Inc. | Occupation (for Individual)<br>Contractor |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 12    |   | 2016        |

**Transaction ID : 74793974**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. FAIRBURN, PAUL D, , MR, JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2224 LAMP POST LN

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>FREDERICK | State<br>MD | Zip Code<br>21701-3219 |
|-------------------|-------------|------------------------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 22    |   | 2016        |

**Transaction ID : 74793987**

Amount of Each Receipt this Period  
20.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 485.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 4811.97 |

**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 23 OF 43                          |
| <input 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 checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**National Rifle Association of America Political Victory Fund**

|   |   |   |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. BB&amp;T Bank</b>                      |   | Date of Receipt   |
| Mailing Address 11230 Waples Mill Road  |   | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2016"/> |
| City<br>Fairfax   | State<br>VA   | Zip Code<br>22030   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   | <b>Transaction ID : 74538729</b>  |
| Name of Employer (for Individual)   |   | Amount of Each Receipt this Period<br><input type="text" value="0.05"/>                               |
| Occupation (for Individual)   |   | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="0.77"/> | Interest Income   |

|   |   |   |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. BB&amp;T Bank</b>                      |   | Date of Receipt   |
| Mailing Address 11230 Waples Mill Road  |   | <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2016"/> |
| City<br>Fairfax   | State<br>VA   | Zip Code<br>22030   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |   | <b>Transaction ID : 74719877</b>  |
| Name of Employer (for Individual)   |   | Amount of Each Receipt this Period<br><input type="text" value="0.05"/>                               |
| Occupation (for Individual)   |   | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="0.82"/> | Interest Income   |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C.</b>                                  |  | Date of Receipt  |
| Mailing Address   |  | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City  | State  | Zip Code   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                  |  | Amount of Each Receipt this Period<br><input type="text"/>         |
| Name of Employer (for Individual)   |  | <input type="checkbox"/> Memo Item                                 |
| Occupation (for Individual)   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br><input type="text"/> |  |

|  |                                   |
|--|-----------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="0.10"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value="0.10"/> |

**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"/> 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)

**National Rifle Association of America Political Victory Fund**

Full Name (Last, First, Middle Initial)

**A. National Rifle Association of America**

Mailing Address 11250 Waples Mill Road

City Fairfax State VA Zip Code 22030

Purpose of Disbursement Website Hosting / Service Fee

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 74520913**

Amount of Each Disbursement this Period

Website Hosting / Service Fee

Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Credit Card Fees

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 74522193**

Amount of Each Disbursement this Period

Credit Card Fees

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express Company**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Credit Card Fees

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 74522194**

Amount of Each Disbursement this Period

Credit Card Fees

Memo Item

**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"/> 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)

**National Rifle Association of America Political Victory Fund**

Full Name (Last, First, Middle Initial)

**A. PAYMENTECH, INC.**

Mailing Address 4 NORTHEASTERN BLVD

City  
SALEM

State  
NH

Zip Code  
03079

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 30 |   |   | 2016 |   |   |   |

FEC Identification Number

C [REDACTED]

Transaction ID : 74522195

Amount of Each Disbursement this Period

[REDACTED] 477.23

Credit Card Fees

Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T Bank**

Mailing Address 11230 Waples Mill Road

City  
Fairfax

State  
VA

Zip Code  
22030

Purpose of Disbursement  
Bank Service Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 21 |   |   | 2016 |   |   |   |

FEC Identification Number

C [REDACTED]

Transaction ID : 74719876

Amount of Each Disbursement this Period

[REDACTED] 4.00

Bank Service Fee

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank, N.A.**

Mailing Address 1300 Chain Bridge Road

City  
McLean

State  
VA

Zip Code  
22101

Purpose of Disbursement  
Account Analysis Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 12 |   |   | 2016 |   |   |   |

FEC Identification Number

C [REDACTED]

Transaction ID : 74797153

Amount of Each Disbursement this Period

[REDACTED] 374.28

Account Analysis Fee

Memo Item

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

[REDACTED] 855.51

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

[REDACTED]

**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"/> 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)

**National Rifle Association of America Political Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank, N.A.**

Mailing Address 1300 Chain Bridge Road

City  
McLean

State  
VA

Zip Code  
22101

Purpose of Disbursement

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 12 |   |   | 2016 |   |   |   |

FEC Identification Number

C [REDACTED]

**Transaction ID : 74797154**

Amount of Each Disbursement this Period

[REDACTED] 459.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank, N.A.**

Mailing Address 1300 Chain Bridge Road

City  
McLean

State  
VA

Zip Code  
22101

Purpose of Disbursement  
Account Analysis Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 12 |   |   | 2016 |   |   |   |

FEC Identification Number

C [REDACTED]

**Transaction ID : 74797155**

Amount of Each Disbursement this Period

[REDACTED] 20.04

Account Analysis Fee

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Express Company**

Mailing Address P.O. Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 31 |   |   | 2016 |   |   |   |

FEC Identification Number

C [REDACTED]

**Transaction ID : 74797157**

Amount of Each Disbursement this Period

[REDACTED] 4.50

Credit Card Fees

Memo Item

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

[REDACTED] 484.44

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

[REDACTED]

**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"/> 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)  
**National Rifle Association of America Political Victory Fund**

**A. PAYMENTECH, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 4 NORTHEASTERN BLVD

City SALEM State NH Zip Code 03079

Purpose of Disbursement Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2016

FEC Identification Number: C

Transaction ID : 74797158

Amount of Each Disbursement this Period: 76.75

Credit Card Fees

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 76.75   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 3622.87 |

**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 checked="" type="checkbox"/> 23 | <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)

**National Rifle Association of America Political Victory Fund**

Full Name (Last, First, Middle Initial)

**A. John Kennedy For Us, Inc.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 30    |   | 2016      |

Mailing Address 2900 Clearview Pkwy  
Suite 206

City Metairie State LA Zip Code 70006

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00608398 |
|---|-----------|

**Transaction ID : 74510891**

Amount of Each Disbursement this Period

|         |
|---------|
| 4950.00 |
|---------|

Memo Item

Candidate Name

**Kennedy, John, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: Runoff2016

Full Name (Last, First, Middle Initial)

**B. Friends Of Scott Angelle, LLC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 30    |   | 2016      |

Mailing Address P.O. Box 1385

City Breaux Bridge State LA Zip Code 70517

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00611145 |
|---|-----------|

**Transaction ID : 74510893**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

Candidate Name

**Angelle, Scott, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 03 Runoff2016

Full Name (Last, First, Middle Initial)

**C. Mike Johnson For Louisiana**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 30    |   | 2016      |

Mailing Address 2900 Clearview Pkwy  
Suite 206

City Metairie State LA Zip Code 70006

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00608695 |
|---|-----------|

**Transaction ID : 74510894**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 04 Runoff2016

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

|         |
|---------|
| 6950.00 |
|---------|

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

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <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)

**National Rifle Association of America Political Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Bergman for Congress**

Mailing Address N5070 Cisco Lake Road

City  
Watersmeet

State  
MI

Zip Code  
49969

Purpose of Disbursement  
Debt Retirement

011

Category/  
Type

Candidate Name

**Bergman, John, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
General Debt 2016

State: MI District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 1 | 6 |   |   |

FEC Identification Number

C C00614214

**Transaction ID : 74510945**

Amount of Each Disbursement this Period

4950.00

Debt Retirement

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jason Lewis For Congress**

Mailing Address P.O. Box 515

City  
Cottage Grove

State  
MN

Zip Code  
55016

Purpose of Disbursement  
Debt Retirement

011

Category/  
Type

Candidate Name

**Lewis, Jason, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
General Debt 2016

State: MN District: 02

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 1 | 6 |   |   |

FEC Identification Number

C C00589234

**Transaction ID : 74514797**

Amount of Each Disbursement this Period

1000.00

Debt Retirement

Memo Item

Full Name (Last, First, Middle Initial)

**C. Captain Higgins For Congress**

Mailing Address PO Box 61747

City  
Lafayette

State  
LA

Zip Code  
70596

Purpose of Disbursement  
Debt Retirement

011

Category/  
Type

Candidate Name

**Higgins, Clay, , Captai,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Runoff Debt 2016

State: LA District: 03

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 4 |   | 2 | 0 | 1 | 6 |   |   |

FEC Identification Number

C C00617662

**Transaction ID : 74586505**

Amount of Each Disbursement this Period

2500.00

Debt Retirement

Memo Item

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

8450.00

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

15400.00

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

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NAME OF COMMITTEE (In Full)

**National Rifle Association of America Political Victory Fund**

Full Name (Last, First, Middle Initial)

**A. SCHMITZ, JOSEPH E, , SGT,**

Mailing Address 105 SW 1ST AVE APT 16

City  
JOHN DAY

State  
OR

Zip Code  
97845-1062

Purpose of Disbursement  
Refund Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 74716793**  
Amount of Each Disbursement this Period  
  
Refund Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. SCHMITZ, JOSEPH E, , SGT,**

Mailing Address 105 SW 1ST AVE APT 16

City  
JOHN DAY

State  
OR

Zip Code  
97845-1062

Purpose of Disbursement  
Void - Stale Dated Check

Category/  
Type

Candidate Name

**SGT JOSEPH E SCHMITZ**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 74794715**  
Amount of Each Disbursement this Period  
  
Void - Stale Dated Check

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Rifle Association of America Political Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Eric Holcomb for Indiana**

Mailing Address 101 W. Ohio Street, Suite 1111

City  
Indianapolis

State  
IN

Zip Code  
46204

Purpose of Disbursement  
Eric Holcomb, GOVERNOR IN

011

Category/  
Type

Candidate Name  
**Holcomb, Eric, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number

C [REDACTED]

**Transaction ID : 74510946**

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Eric Holcomb, GOVERNOR IN

Memo Item

Full Name (Last, First, Middle Initial)

**B. Associated Republicans of Texas Campaign Fund**

Mailing Address 807 Brazos Street, Suite 601

City  
Austin

State  
TX

Zip Code  
78701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number

C [REDACTED]

**Transaction ID : 74510947**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Virginia Senate Republican Caucus**

Mailing Address P.O. Box 1697

City  
Williamsburg

State  
VA

Zip Code  
23187

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number

C [REDACTED]

**Transaction ID : 74510948**

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

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

[REDACTED] 4500.00

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

[REDACTED]

**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"/> 26            | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**National Rifle Association of America Political Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Dominion Leadership Trust PAC**

Mailing Address 106 Carter Street

City Fredericksburg State VA Zip Code 22405

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 74510949**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican Party of Virginia**

Mailing Address 115 East Grace Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 74510950**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. MPAC**

Mailing Address P.O. Box 381075

City Germantown State TN Zip Code 38183

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 74511001**  
 Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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)

**National Rifle Association of America Political Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Friends of Chris Carr**

Mailing Address P.O. Box 724084

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
Chris Carr, ATTORNEY GENERAL GA

Category/  
Type

Candidate Name  
**Carr, Chris, , ,**

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

Date of Disbursement  
MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number  
  
**Transaction ID : 74512026**  
Amount of Each Disbursement this Period  
  
Chris Carr, ATTORNEY GENERAL  
 Memo Item GA

Full Name (Last, First, Middle Initial)

**B. Texas Senate Republican Caucus**

Mailing Address 1 E. Greenway Plaza, Suite 225

City Houston State TX Zip Code 77046-0106

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number  
  
**Transaction ID : 74517141**  
Amount of Each Disbursement this Period  
  
Memo Item

Full Name (Last, First, Middle Initial)

**C. Virginia House Republican Campaign Committee**

Mailing Address 106 Carter Street

City Fredericksburg State VA Zip Code 22405-2308

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
12 / 12 / 2016

FEC Identification Number  
  
**Transaction ID : 74567892**  
Amount of Each Disbursement this Period  
  
Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
**National Rifle Association of America Political Victory Fund**

**A. Jim Tracy for Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 332490

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement  
Void - Jim Tracy for Senate

Candidate Name  
**Tracy, Jim, , TN Sen.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 30 / 2016

FEC Identification Number: C  
**Transaction ID : 74719878**

Amount of Each Disbursement this Period: -250.00

Void - Jim Tracy for Senate

Memo Item

**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) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**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) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | -250.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 15750.00 |

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b> | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00053553                 </div> |
|--|---|

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

|  |  |                   |                        |                        |
|--|--|-------------------|------------------------|------------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Prolist Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 02 / 2016  |                   |                        |                        |
| Mailing Address 4510 Buckeystown Pike, Suite M   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     69705.23                 </div>                                  |                   |                        |                        |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City<br/>Frederick</td> <td style="width:17%; padding: 2px;">State<br/>MD</td> <td style="width:50%; padding: 2px;">Zip Code<br/>21704-7539</td> </tr> </table> |  | City<br>Frederick | State<br>MD            | Zip Code<br>21704-7539 |
| City<br>Frederick  |  | State<br>MD       | Zip Code<br>21704-7539 |                        |
| Purpose of Expenditure<br>Postage  |  |                   |                        |                        |
| Name of Federal Candidate: Kennedy, John, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Runoff<br>District: _____ State: LA |                   |                        |                        |
| Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 100px;">84106.54</span>   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff   |                   |                        |                        |

|  |   |                   |                        |                        |
|--|---|-------------------|------------------------|------------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Prolist Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 02 / 2016   |                   |                        |                        |
| Mailing Address 4510 Buckeystown Pike, Suite M   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     1329.04                 </div>                                |                   |                        |                        |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City<br/>Frederick</td> <td style="width:17%; padding: 2px;">State<br/>MD</td> <td style="width:50%; padding: 2px;">Zip Code<br/>21704-7539</td> </tr> </table> |   | City<br>Frederick | State<br>MD            | Zip Code<br>21704-7539 |
| City<br>Frederick  |   | State<br>MD       | Zip Code<br>21704-7539 |                        |
| Purpose of Expenditure<br>Postage  |   |                   |                        |                        |
| Name of Federal Candidate: Angelle, Scott, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Runoff<br>District: 03 State: LA |                   |                        |                        |
| Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 100px;">1603.38</span>  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff                                      |                   |                        |                        |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 71034.27             </div> |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 _____             </div>    |
| <b>(a) TOTAL</b> Independent Expenditures ..... ▶                  | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 _____             </div>    |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Adkins, Mary Rose, , ,*  
Signature

**[Electronically Filed]**

Date M M / D D / Y Y Y Y Y Y  
01 / 27 / 2017

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b> | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00053553                 </div> |
|--|---|

Check if  24-hour report  48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

|  |  |                   |                        |                        |
|--|--|-------------------|------------------------|------------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Prolist Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 02 / 2016                          |                   |                        |                        |
| Mailing Address 4510 Buckeystown Pike, Suite M   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     1234.27                 </div> |                   |                        |                        |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City<br/>Frederick</td> <td style="width:17%; padding: 2px;">State<br/>MD</td> <td style="width:50%; padding: 2px;">Zip Code<br/>21704-7539</td> </tr> </table> |  | City<br>Frederick | State<br>MD            | Zip Code<br>21704-7539 |
| City<br>Frederick  |  | State<br>MD       | Zip Code<br>21704-7539 |                        |
| Purpose of Expenditure<br>Postage  |  |                   |                        |                        |
| Name of Federal Candidate: Johnson, James, , ,   | Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>  |                   |                        |                        |
| Name of Federal Candidate: Johnson, James, , ,   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |                   |                        |                        |
| Calendar Year-To-Date Per Election for Office Sought   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff  |                   |                        |                        |
| Calendar Year-To-Date Per Election for Office Sought   | 1488.92  |                   |                        |                        |

|  |   |                   |                        |                        |
|--|---|-------------------|------------------------|------------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Prolist Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 02 / 2016                           |                   |                        |                        |
| Mailing Address 4510 Buckeystown Pike, Suite M   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     14401.31                 </div> |                   |                        |                        |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City<br/>Frederick</td> <td style="width:17%; padding: 2px;">State<br/>MD</td> <td style="width:50%; padding: 2px;">Zip Code<br/>21704-7539</td> </tr> </table> |   | City<br>Frederick | State<br>MD            | Zip Code<br>21704-7539 |
| City<br>Frederick  |   | State<br>MD       | Zip Code<br>21704-7539 |                        |
| Purpose of Expenditure<br>Postcards  |   |                   |                        |                        |
| Name of Federal Candidate: Kennedy, John, , ,  | Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>   |                   |                        |                        |
| Name of Federal Candidate: Kennedy, John, , ,  | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |                   |                        |                        |
| Calendar Year-To-Date Per Election for Office Sought   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff   |                   |                        |                        |
| Calendar Year-To-Date Per Election for Office Sought   | 84106.54  |                   |                        |                        |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 15635.58             </div> |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 0.00             </div>     |
| <b>(a) TOTAL</b> Independent Expenditures ..... ▶                  | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 15635.58             </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Adkins, Mary Rose, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b> | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00053553                 </div> |
|--|---|

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

|  |   |                   |                        |                        |
|--|---|-------------------|------------------------|------------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Prolist Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 02 / 2016                         |                   |                        |                        |
| Mailing Address 4510 Buckeystown Pike, Suite M   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     274.34                 </div> |                   |                        |                        |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City<br/>Frederick</td> <td style="width:17%; padding: 2px;">State<br/>MD</td> <td style="width:50%; padding: 2px;">Zip Code<br/>21704-7539</td> </tr> </table> |   | City<br>Frederick | State<br>MD            | Zip Code<br>21704-7539 |
| City<br>Frederick  |   | State<br>MD       | Zip Code<br>21704-7539 |                        |
| Purpose of Expenditure<br>Postcards  |   |                   |                        |                        |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Angelle, Scott, , ,  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: 03 State: LA |                   |                        |                        |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     1603.38                 </div>   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff      |                   |                        |                        |

|  |   |                   |                        |                        |
|--|---|-------------------|------------------------|------------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Prolist Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 02 / 2016                         |                   |                        |                        |
| Mailing Address 4510 Buckeystown Pike, Suite M   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     254.65                 </div> |                   |                        |                        |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City<br/>Frederick</td> <td style="width:17%; padding: 2px;">State<br/>MD</td> <td style="width:50%; padding: 2px;">Zip Code<br/>21704-7539</td> </tr> </table> |   | City<br>Frederick | State<br>MD            | Zip Code<br>21704-7539 |
| City<br>Frederick  |   | State<br>MD       | Zip Code<br>21704-7539 |                        |
| Purpose of Expenditure<br>Postcards  |   |                   |                        |                        |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Johnson, James, , ,  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: 04 State: LA |                   |                        |                        |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     1488.92                 </div>   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff      |                   |                        |                        |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 528.99             </div> |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 0.00             </div>   |
| <b>(a) TOTAL</b> Independent Expenditures ..... ▶                  | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                 528.99             </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Adkins, Mary Rose, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b> | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 24px; font-weight: bold; margin-right: 5px;">C</span> C00053553                 </div> |
|--|--|

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

|   |   |                   |                   |                   |
|---|---|-------------------|-------------------|-------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Starboard Strategic, Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span><br>12 / 05 / 2016         |                   |                   |                   |
| Mailing Address 705 Melvin Avenue, #105   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     35210.25                 </div> |                   |                   |                   |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City<br/>Annapolis</td> <td style="width:17%; padding: 2px;">State<br/>MD</td> <td style="width:50%; padding: 2px;">Zip Code<br/>21401</td> </tr> </table> |   | City<br>Annapolis | State<br>MD       | Zip Code<br>21401 |
| City<br>Annapolis   |   | State<br>MD       | Zip Code<br>21401 |                   |
| Purpose of Expenditure<br>Radio Ads   |   |                   |                   |                   |
| Name of Federal Candidate: Kennedy, John, , ,   | Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>   |                   |                   |                   |
| Name of Federal Candidate: Kennedy, John, , ,   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |                   |                   |                   |
| Calendar Year-To-Date Per Election for Office Sought  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff   |                   |                   |                   |
| Calendar Year-To-Date Per Election for Office Sought  | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     119316.79                 </div>          |                   |                   |                   |

|   |  |                   |                   |                   |
|---|--|-------------------|-------------------|-------------------|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Starboard Strategic, Inc.</b>   | Date of Public Distribution/Dissemination<br><span style="font-size: 24px; font-weight: bold;">M M / D D / Y Y Y Y Y Y</span><br>12 / 05 / 2016        |                   |                   |                   |
| Mailing Address 705 Melvin Avenue, #105   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     1293.00                 </div> |                   |                   |                   |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City<br/>Annapolis</td> <td style="width:17%; padding: 2px;">State<br/>MD</td> <td style="width:50%; padding: 2px;">Zip Code<br/>21401</td> </tr> </table> |  | City<br>Annapolis | State<br>MD       | Zip Code<br>21401 |
| City<br>Annapolis   |  | State<br>MD       | Zip Code<br>21401 |                   |
| Purpose of Expenditure<br>Radio Ad Production Cost  |  |                   |                   |                   |
| Name of Federal Candidate: Kennedy, John, , ,   | Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>  |                   |                   |                   |
| Name of Federal Candidate: Kennedy, John, , ,   | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |                   |                   |                   |
| Calendar Year-To-Date Per Election for Office Sought  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff  |                   |                   |                   |
| Calendar Year-To-Date Per Election for Office Sought  | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     120609.79                 </div>         |                   |                   |                   |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     36503.25                 </div> |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     0.00                 </div>     |
| <b>(a) TOTAL</b> Independent Expenditures ..... ▶                  | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     36503.25                 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Adkins, Mary Rose, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
National Rifle Association of America Political Victory Fund
FEC IDENTIFICATION NUMBER
C C00053553

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Western Trails Gun and Knife Shows
Memo Item

Date of Public Distribution/Dissemination

Mailing Address
Attn: Karl Lange
1421 N. Jones Blvd., #148

Amount
-9.17

City State Zip Code
Las Vegas NV 89108

Transaction ID : 74854455
Date of Disbursement or Obligation

Purpose of Expenditure
Void - Booth Rental - Event Cancelled
Category/Type 004

12 / 30 / 2016

Name of Federal Candidate:
Trump, Donald, J,
Support Oppose

Office Sought:
House Senate
President State:

Calendar Year-To-Date
Per Election for Office Sought 9314856.80

Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Western Trails Gun and Knife Shows
Memo Item

Date of Public Distribution/Dissemination

Mailing Address
Attn: Karl Lange
1421 N. Jones Blvd., #148

Amount
-9.17

City State Zip Code
Las Vegas NV 89108

Transaction ID : 74854456
Date of Disbursement or Obligation

Purpose of Expenditure
Void - Booth Rental - Event Cancelled
Category/Type 004

12 / 30 / 2016

Name of Federal Candidate:
Clinton, Hillary, ,
Support Oppose

Office Sought:
House Senate
President State:

Calendar Year-To-Date
Per Election for Office Sought 9314856.80

Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures -18.34
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adkins, Mary Rose, ,
[Electronically Filed]
Signature

Date 01 / 27 / 2017

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b> | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00053553 |
|--|--|

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

|   |  |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Western Trails Gun and Knife Shows</b>                    | Date of Public Distribution/Dissemination<br><input type="text"/> / <input type="text"/> / <input type="text"/>                                      |
| Mailing Address Attn: Karl Lange<br>1421 N. Jones Blvd., #148   | Amount<br><input type="text"/> -9.17   |
| City Las Vegas State NV Zip Code 89108  | <b>Transaction ID : 74854457</b>   |
| Purpose of Expenditure<br>Void - Booth Rental - Event Cancelled Category/Type <input type="text"/> 004                | Date of Disbursement or Obligation<br><input type="text"/> 12 / <input type="text"/> 30 / <input type="text"/> 2016                                  |
| Name of Federal Candidate: Heck, Joe, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV                                   |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 696983.85                                   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

|  |  |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Western Trails Gun and Knife Shows</b>                           | Date of Public Distribution/Dissemination<br><input type="text"/> / <input type="text"/> / <input type="text"/>                                      |
| Mailing Address Attn: Karl Lange<br>1421 N. Jones Blvd., #148  | Amount<br><input type="text"/> -9.16   |
| City Las Vegas State NV Zip Code 89108   | <b>Transaction ID : 74854458</b>   |
| Purpose of Expenditure<br>Void - Booth Rental - Event Cancelled Category/Type <input type="text"/> 004                       | Date of Disbursement or Obligation<br><input type="text"/> 12 / <input type="text"/> 30 / <input type="text"/> 2016                                  |
| Name of Federal Candidate: Masto, Catherine, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV                                   |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 696983.85  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

|  |                             |
|--|-----------------------------|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....   | <input type="text"/> -18.33 |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <input type="text"/>        |
| <b>(a) TOTAL</b> Independent Expenditures .....                  | <input type="text"/>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adkins, Mary Rose, , ,

*[Electronically Filed]*

Date  01 /  27 /  2017

Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b> | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> C00053553                 </div> |
|--|---|

Check if  24-hour report  48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

|   |  |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Western Trails Gun and Knife Shows</b>  | Date of Public Distribution/Dissemination<br><span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  |
| Mailing Address Attn: Karl Lange<br>1421 N. Jones Blvd., #148   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     -9.17                 </div>        |
| City State Zip Code<br>Las Vegas NV 89108   | <b>Transaction ID : 74854459</b><br>Date of Disbursement or Obligation<br><span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 30 / 2016 |
| Purpose of Expenditure<br>Void - Booth Rental - Event Cancelled   | Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>  |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Tarkanian, Danny, , ,   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: 03 State: NV      |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     1726.48                 </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶          |

|   |  |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Western Trails Gun and Knife Shows</b>  | Date of Public Distribution/Dissemination<br><span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  |
| Mailing Address Attn: Karl Lange<br>1421 N. Jones Blvd., #148   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     -9.16                 </div>        |
| City State Zip Code<br>Las Vegas NV 89108   | <b>Transaction ID : 74854460</b><br>Date of Disbursement or Obligation<br><span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 30 / 2016 |
| Purpose of Expenditure<br>Void - Booth Rental - Event Cancelled   | Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>  |
| Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose<br>Rosen, Jacky, , ,   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate<br>District: 03 State: NV      |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     1726.48                 </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶          |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 -18.33             </div> |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 0.00             </div>   |
| <b>(a) TOTAL</b> Independent Expenditures ..... ▶                  | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 -18.33             </div> |

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Adkins, Mary Rose, , ,

*[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2017

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b> | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00053553                 </div> |
|--|---|

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

|   |             |  |  |
|---|-------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Connection Strategy, LLC</b>  |             | Date of Public Distribution/Dissemination<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 08 / 2016  |  |
| Mailing Address P.O. Box 2192   |             | Amount<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>3213.72  |  |
| City<br>Arlington   | State<br>VA | Zip Code<br>22202  | <b>Transaction ID : 74567024</b><br>Date of Disbursement or Obligation<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 09 / 2016 |
| Purpose of Expenditure<br>Phone Bank  |             | Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>  |  |
| Name of Federal Candidate:<br>Kennedy, John, , ,  |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |  |
| Calendar Year-To-Date Per Election for Office Sought<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>123823.51 |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff   |  |

|   |             |   |  |
|---|-------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Connection Strategy, LLC</b>  |             | Date of Public Distribution/Dissemination<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 08 / 2016   |  |
| Mailing Address P.O. Box 2192   |             | Amount<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>122.46  |  |
| City<br>Arlington   | State<br>VA | Zip Code<br>22202   | <b>Transaction ID : 74567025</b><br>Date of Disbursement or Obligation<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>12 / 09 / 2016 |
| Purpose of Expenditure<br>Phone Bank  |             | Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>   |  |
| Name of Federal Candidate:<br>Angelle, Scott, , ,   |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA District: 03 |  |
| Calendar Year-To-Date Per Election for Office Sought<br><span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>1725.84 |             | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff  |  |

|  |   |
|--|---|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶   | <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span><br>3336.18 |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>            |
| <b>(a) TOTAL</b> Independent Expenditures ..... ▶                  | <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span>            |

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Adkins, Mary Rose, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2017  
 Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b> | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00053553 |
|--|--|

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

|   |  |
|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item<br><b>Connection Strategy, LLC</b>  | Date of Public Distribution/Dissemination<br><input type="text"/> / <input type="text"/> / <input type="text"/>  |
| Mailing Address <b>P.O. Box 2192</b>  | Amount<br><input type="text"/>   |
| City <b>Arlington</b> State <b>VA</b> Zip Code <b>22202</b>   | <b>Transaction ID : 74567027</b>   |
| Purpose of Expenditure <b>Phone Bank</b> Category/Type <input type="text"/> <b>004</b>  | Date of Disbursement or Obligation<br><input type="text"/> / <input type="text"/> / <input type="text"/>   |
| Name of Federal Candidate: <b>Johnson, James, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>04</b> State: <b>LA</b> |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>1601.41</b>  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ <b>Runoff</b>          |

|   |   |
|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item                                       | Date of Public Distribution/Dissemination   |
| Mailing Address   | Amount  |
| City State Zip Code   | Date of Disbursement or Obligation  |
| Purpose of Expenditure Category/Type  |   |
| Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: State: |
| Calendar Year-To-Date Per Election for Office Sought  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶    |

|  |                                       |
|--|---------------------------------------|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....   | <input type="text"/> <b>112.49</b>    |
| <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <input type="text"/>                  |
| <b>(a) TOTAL</b> Independent Expenditures .....                  | <input type="text"/> <b>127095.76</b> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Adkins, Mary Rose, , , **[Electronically Filed]**  
Signature Date  /  /  **01 / 27 / 2017**