REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

NRA Political Victory Fund

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

1600 Rhode Island Ave., N.W.

CITY, STATE and ZIP CODE

Washington, DC 20036

Mar 24 12 08 '93

2. FEC IDENTIFICATION NUMBER

C00053553

3. This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20	June 20	October 20
X March 20	July 20	November 20
April 20	August 20	December 20
May 20	September 20	January 31

Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? __ YES X NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 2/1/93 through 2/28/93		
6	(a) Cash on Hand January 1, 19 93		$ 533,767.01
	(b) Cash on Hand at Beginning of Reporting Period	$ 442,489.86	
	(c) Total Receipts (from Line 19)	$ 8,786.85	$ 27,641.97
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 451,276.71	$ 561,408.98
7	Total Disbursements (from Line 30)	$ 79,620.34	$ 189,752.61
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 371,656.37	$ 371,656.37
9	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	
10	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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

Type or Print Name of Treasurer

Mary Rose Jennison

Signature of Treasurer

Mary Rose Jennison

Date 3/22/93

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

FEC FORM 3X

(revised 11/91)

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