

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2006 through 05 31 2006

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 Adkins  
Signature of Treasurer Electronically Filed by Mary Rose Adkins Date 06 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
National Rifle Association of America Political Victory Fund

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

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| D | D |
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 To: 

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| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |            |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|------------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 2563588.62 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |            |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |            |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 3907727.32              |                                   |   |   |   |   |   |   |  |            |
| (c) Total Receipts (from Line 19) .....   | 540764.43               | 3042993.33                        |   |   |   |   |   |   |  |            |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 4448491.75              | 5606581.95                        |   |   |   |   |   |   |  |            |
| 7. Total Disbursements (from Line 31) .....   | 292506.33               | 1450596.53                        |   |   |   |   |   |   |  |            |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 4155985.42              | 4155985.42                        |   |   |   |   |   |   |  |            |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |            |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 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**

Write or Type Committee Name  
National Rifle Association of America Political Victory Fund

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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  | 33524.99                      | 90745.99                          |
| (i) Itemized (use Schedule A) .....  | 494312.55                     | 2906227.50                        |
| (ii) Unitemized .....  | 527837.54                     | 2996973.49                        |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 527837.54                     | 2996973.49                        |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 500.00                        | 500.00                            |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 12426.89                      | 45519.84                          |
| 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 Transfer (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)) .....                          | 540764.43                     | 3042993.33                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 540764.43                     | 3042993.33                        |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:   |                               |                                   |
| (a) Shared 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.....   | 203947.76                     | 993262.02                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 203947.76                     | 993262.02                         |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 29225.41                      | 269625.41                         |
| 24. Independent Expenditure (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....   | 0.00                          | 0.00                              |
| 27. Loans Made.....   | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements.....  | 59333.16                      | 187709.10                         |
| 30. Federal Election Activity (2 U.S.C 431(20))   |                               |                                   |
| (a) Shared 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))..        | 292506.33                     | 1450596.53                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 292506.33                     | 1450596.53                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 527837.54                     | 2996973.49                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 527837.54                     | 2996973.49                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 203947.76                     | 993262.02                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 203947.76                     | 993262.02                         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |  |              |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 6 / 139 |
|  | <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 |              |

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)<br><b>A. Wachovia Bank</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>05 / 09 / 2006 |
| Mailing Address 10501 Main Street   |  | <b>Transaction ID: 15150275</b>                     |
| City State Zip Code<br>Fairfax VA 22030   | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>12413.43      |
| Name of Employer<br>Occupation  | Aggregate Year-to-Date ▼<br>45496.57                                   | Interest Income                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank of the West</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>05 / 31 / 2006 |
| Mailing Address 224 Box Butte Avenue  |  | <b>Transaction ID: 15150276</b>                     |
| City State Zip Code<br>Alliance NE 69301  | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>1.40          |
| Name of Employer<br>Occupation  | Aggregate Year-to-Date ▼<br>5.99                                       | Interest Income                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Wachovia Bank</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>05 / 31 / 2006 |
| Mailing Address 10501 Main Street   |  | <b>Transaction ID: 15150277</b>                     |
| City State Zip Code<br>Fairfax VA 22030   | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>4.95          |
| Name of Employer<br>Occupation  | Aggregate Year-to-Date ▼<br>45501.52                                   | Interest Income                                     |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>12419.78</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

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

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

FOR LINE NUMBER: PAGE 7 / 139

(check only one)

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <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 checked="" type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Wachovia Bank

Mailing Address 10501 Main Street

City State Zip Code  
Fairfax VA 22030

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
45507.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: 15150278

Amount of Each Receipt this Period

5.76

Interest Income

**B.** Full Name (Last, First, Middle Initial)  
BB&T Bank

Mailing Address 11230 Waples Mill Road

City State Zip Code  
Fairfax VA 22030

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6.57

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: 15150279

Amount of Each Receipt this Period

1.35

Interest Income

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

7.11

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

12426.89

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

|  |  |                              |
|--|--|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:                       | PAGE 8 / 139                 |
|  | (check only one)                       |                              |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b           | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input checked="" 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.** Full Name (Last, First, Middle Initial)  
Kline for Attorney General

Mailing Address P.O. Box 3009

City State Zip Code  
Shawnee KS 66203

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: 15150280

Amount of Each Receipt this Period  
500.00

Returned Contribution

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 500.00 |

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

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

FOR LINE NUMBER: PAGE 9 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 DAVE BRANDON

Mailing Address 5140 BROCKINTON CT SW

City State Zip Code  
LILBURN GA 30047-5383

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 6

**Transaction ID:** 15395378

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 CARL W GIBBS

Mailing Address 1392 GALENA DR

City State Zip Code  
TWIN FALLS ID 83301-3573

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

Name of Employer Occupation  
RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

**Transaction ID:** 15395565

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
0 J P HARRIS

Mailing Address 1736 W MISSION LN

City State Zip Code  
PHOENIX AZ 85021-2972

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

Name of Employer Occupation  
RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

**Transaction ID:** 15395598

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |                              |                             |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 139                |                              |                             |
|  | <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 |

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

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 MARTIN ALSIP   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6 |  |
| Mailing Address 2051 DUBLIN WAY   |  | <b>Transaction ID:</b> 15395620                               |  |
| City State Zip Code<br>SAN MATEO CA 94403-1405  | Amount of Each Receipt this Period<br>250.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer<br>DAUGHTERS OF CHARITY HEALTH   | Occupation<br>CONTROLLER                     |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 ANDREW G MITCHELL  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 9 / 2 0 0 6 |  |
| Mailing Address 39 OLD CONCORD RD   |   | <b>Transaction ID:</b> 15395734                               |  |
| City State Zip Code<br>HENNIKER NH 03242-3225   | Amount of Each Receipt this Period<br>30.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>MILTON CAT  | Occupation<br>MECHANIC                      |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>235.00          |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 J MCDONALD   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6 |  |
| Mailing Address 17570 METCALF AVE   |  | <b>Transaction ID:</b> 15395769                               |  |
| City State Zip Code<br>STILWELL KS 66085-9104   | Amount of Each Receipt this Period<br>100.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED                        |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>430.00           |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 380.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 0 J MCDONALD   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6 |
| Mailing Address 17570 METCALF AVE   |  | <b>Transaction ID:</b> 15395770                               |
| City State Zip Code<br>STILWELL KS 66085-9104   | Amount of Each Receipt this Period<br>200.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED                        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>630.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 D E DONNELLAN  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 6 |
| Mailing Address PO BOX 228  |  | <b>Transaction ID:</b> 15395879                               |
| City State Zip Code<br>MINOCQUA WI 54548-0228   | Amount of Each Receipt this Period<br>200.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer<br>DAN'S MINOCQUA FUDGE, LLC   | Occupation<br>MERCHANT                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 BRUCE YOST   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |
| Mailing Address 1219 2ND ST NW  |   | <b>Transaction ID:</b> 15395893                               |
| City State Zip Code<br>GRAND RAPIDS MI 49504-5031   | Amount of Each Receipt this Period<br>50.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer  | Occupation                                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>215.00          |   |

|  |        |
|--|--------|
| <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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 TEZEON Y WONG  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 8 / 2 0 0 6 |  |
| Mailing Address 11787 BELL RD   |                                    | <b>Transaction ID:</b> 15395894                                 |  |
| City<br>NEWBURY   | State<br>OH                        | Zip Code<br>44065-9582  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>DELPHI AUTOMOTIVE   | Occupation<br>PROCESS ENGINEER     |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |  |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 MATT OSTE  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 1 / 2 0 0 6 |   |
| Mailing Address 1447 PIPER CT   |                                    | <b>Transaction ID:</b> 15395949                                 |   |
| City<br>CONCORD   | State<br>NC                        | Zip Code<br>28025-9121  | Amount of Each Receipt this Period<br>40.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |   |
| Name of Employer<br>AGV PRODUCTS  | Occupation<br>CSM                  |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>205.00 |   |   |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 LYLE S COUSIN  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 2 6 / 2 0 0 6 |  |
| Mailing Address 1960 AVOCET DR  |                                    | <b>Transaction ID:</b> 15396045                                 |  |
| City<br>AMMON   | State<br>ID                        | Zip Code<br>83406-6664  | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>AUTO BODY REPAIR     |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 390.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 B B BLOOMQUIST   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 3 / 2 0 0 6 |
| Mailing Address 255 FOOTHILLS SOUTH DR  |   | <b>Transaction ID:</b> 15396242                                 |
| City SEDONA State AZ Zip Code 86336-5029  | Amount of Each Receipt this Period<br>50.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer UNITED AIR LINES INC Occupation RETIRED  | Aggregate Year-to-Date ▼<br>245.00          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 B B BLOOMQUIST   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |
| Mailing Address 255 FOOTHILLS SOUTH DR  |   | <b>Transaction ID:</b> 15396243                                 |
| City SEDONA State AZ Zip Code 86336-5029  | Amount of Each Receipt this Period<br>50.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer UNITED AIR LINES INC Occupation RETIRED  | Aggregate Year-to-Date ▼<br>295.00          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 M SPENCE   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |
| Mailing Address PO BOX 82   |  | <b>Transaction ID:</b> 15396251                                 |
| City ODESSA State TX Zip Code 79760-0082  | Amount of Each Receipt this Period<br>100.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer SELF Occupation SALES  | Aggregate Year-to-Date ▼<br>250.00           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
0 LEONARD S CLOW

Mailing Address 600 5TH AVE, FL 20F

City State Zip Code  
NEW YORK NY 10020-2302

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

Name of Employer Occupation  
MACQUARIE INTERNATIONAL FINANCIER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 01 / 2006

**Transaction ID: 15396288**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 DAVID JOLLY

Mailing Address 240 S RIVER RD

City State Zip Code  
MUNROE FALLS OH 44262-1614

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

Name of Employer Occupation  
FORD MOTOR COMPANY MATERIAL CONTROL CK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 18 / 2006

**Transaction ID: 15396380**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 STEPHANIE M MONTAGUE

Mailing Address 3217 HOLLAND RD

City State Zip Code  
VIRGINIA BEACH VA 23453-2828

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

**Transaction ID: 15396612**

Amount of Each Receipt this Period  
250.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>400.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 15 / 139 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 JACK MUSGROVE  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |   |
| Mailing Address 234 N MAIN ST   |                                    | <b>Transaction ID:</b> 15396666                               |   |
| City<br>HOMER   | State<br>LA                        | Zip Code<br>71040-4026  | Amount of Each Receipt this Period<br>50.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |   |
| Name of Employer<br>PENROD DRLG CO  | Occupation<br>RETIRED              |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00 |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 JACK MUSGROVE  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |   |
| Mailing Address 234 N MAIN ST   |                                    | <b>Transaction ID:</b> 15396667                               |   |
| City<br>HOMER   | State<br>LA                        | Zip Code<br>71040-4026  | Amount of Each Receipt this Period<br>50.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |   |
| Name of Employer<br>PENROD DRLG CO  | Occupation<br>RETIRED              |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00 |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 ROBERT COWLES  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 2 / 2 0 0 6 |   |
| Mailing Address 1044 PEARL PEAK ST  |                                    | <b>Transaction ID:</b> 15396669                               |   |
| City<br>LAS VEGAS   | State<br>NV                        | Zip Code<br>89110-2897  | Amount of Each Receipt this Period<br>75.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |   |
| Name of Employer  | Occupation<br>STUDENT              |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00 |   |   |

|  |        |
|--|--------|
| <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)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 16 / 139 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 W BRENNAN  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 9 / 2 0 0 6 |  |
| Mailing Address 82 DEVONSHIRE RD  |   | <b>Transaction ID:</b> 15396712                               |  |
| City State Zip Code<br>CEDAR GROVE NJ 07009-2022  | Amount of Each Receipt this Period<br>50.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>NY DEPT OF PUBLIC SERVICE   | Occupation<br>ENGINEER                      |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>305.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 PHILIP KNISLEY   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |  |
| Mailing Address 1606 SCHAFFER RD  |   | <b>Transaction ID:</b> 15396868                               |  |
| City State Zip Code<br>WAVERLY OH 45690-9510  | Amount of Each Receipt this Period<br>20.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>DANA SUTTLES  | Occupation<br>TRUCK DRIVER                  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>245.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 R P STATHAM  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 9 / 2 0 0 6 |  |
| Mailing Address 219 E MONROE AVE  |   | <b>Transaction ID:</b> 15396959                               |  |
| City State Zip Code<br>ORANGE CA 92867-4848   | Amount of Each Receipt this Period<br>75.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer  | Occupation<br>RETIRED                       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00          |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
O R P STATHAM

Mailing Address 219 E MONROE AVE

City ORANGE State CA Zip Code 92867-4848

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

**Transaction ID: 15396963**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
O HARVEY P KICHLINE

Mailing Address 2663 OAKHURST DR

City CENTER VALLEY State PA Zip Code 18034-9481

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

Name of Employer Occupation  
SOUTHERN LIEHIGH SCHOOL DIST CUSTODIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID: 15396964**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
O C NORCUTT

Mailing Address HCR 271 #1046

City GLASGOW State MT Zip Code 59230

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

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID: 15396984**

Amount of Each Receipt this Period  
50.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>150.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 DONALD R BLAKEMORE

Mailing Address 117 N SALEM DR

City State Zip Code  
SCHAUMBURG IL 60194-4335

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** 15396996

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 MICHAEL KELLY

Mailing Address PO BOX 847

City State Zip Code  
FULTON TX 78358-0847

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

**Transaction ID:** 15397007

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
0 FRANK HAYWARD, PHD

Mailing Address 409 SAN SEBASTIAN PL

City State Zip Code  
DENTON TX 76205-5519

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

**Transaction ID:** 15397047

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 JOHN SHARPLES

Mailing Address 9740 JERLYN ST

City LAS VEGAS State NV Zip Code 89178-9218

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

Name of Employer SILVER STATE PETROLEUM SERVICE Occupation CONSTRUCTION WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 6

**Transaction ID:** 15397277

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
0 RAY MURPHY

Mailing Address 410 BISHOP ST

City WILLIAMSON State WV Zip Code 25661-3911

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

Name of Employer Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15397341

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
0 DENNIS L MCLEAN

Mailing Address 4520 STATE HIGHWAY 136

City AMARILLO State TX Zip Code 79108-7617

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

Name of Employer MCLEANS CP INSTALLATION Occupation GM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15397530

Amount of Each Receipt this Period  
 75.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 425.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
0 CHARLES BUSCH

Mailing Address 35619 RIDGE RD

City RICHMOND State MI Zip Code 48062-1823

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

Name of Employer ALFORD C. BUSCH Occupation PLUMBER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 22 / 2006

Transaction ID: 15397717

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
0 BRUCE A A GRAY

Mailing Address 598 SOUTH ST

City QUINCY State MA Zip Code 02169-7316

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

Name of Employer A O WILSON STRUCTURAL Occupation WELDER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
05 / 09 / 2006

Transaction ID: 15397737

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
0 GEORGE PARKER

Mailing Address 213 WASHINGTON ST  
BOX 1308

City LOCUST GROVE State VA Zip Code 22508-5137

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

Name of Employer NAVAL SURFACE WARFARE CENTER Occupation MECHANICAL ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
05 / 11 / 2006

Transaction ID: 15397772

Amount of Each Receipt this Period  
30.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 110.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 A DAVIS  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 18 / 2006 |   |
| Mailing Address 3824 MYRTLE ST  |                                    | <b>Transaction ID:</b> 15397895                          |   |
| City<br>ERIE  | State<br>PA                        | Zip Code<br>16508-3014                                   | Amount of Each Receipt this Period<br>30.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |   |
| Name of Employer<br>PILOT   | Occupation<br>DRIVER               |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |   |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 RICHARD CLAYTON  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 19 / 2006 |  |
| Mailing Address 350 THATCHER ST   |                                     | <b>Transaction ID:</b> 15398075                          |  |
| City<br>EAST BRIDGEWATER  | State<br>MA                         | Zip Code<br>02333-1034                                   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                     |  |  |
| Name of Employer<br>R.C. TRUCK SALES  | Occupation<br>OWNER / SELF EMPLOYED |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00  |  |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 PAUL J HOWARD  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 01 / 2006 |  |
| Mailing Address PO BOX 302  |                                    | <b>Transaction ID:</b> 15398095                          |  |
| City<br>DARIEN  | State<br>GA                        | Zip Code<br>31305-0302                                   | Amount of Each Receipt this Period<br>300.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |  |
| Name of Employer<br>US NAVY   | Occupation<br>RETIRED              |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 430.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 ROBERT C RUZYCKI   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6 |  |
| Mailing Address 16 LAKESIDE AVE   |                                    | <b>Transaction ID:</b> 15398207                                 |  |
| City<br>BROOKFIELD  | State<br>MA                        | Amount of Each Receipt this Period<br>50.00                     |  |
| Zip Code<br>01506-1862  |                                    |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>US POSTAL SERVICE   | Occupation<br>RETIRED              |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 DAVID H SIGMAN   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6 |  |
| Mailing Address 1177 CONSTITUTION RD SE APT F3  |                                    | <b>Transaction ID:</b> 15398232                                 |  |
| City<br>ATLANTA   | State<br>GA                        | Amount of Each Receipt this Period<br>250.00                    |  |
| Zip Code<br>30315-6835  |                                    |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>NATIONWIDE S.E.   | Occupation<br>TRUCK DRIVER         |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 MICHAEL A WADE   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 5 / 2 0 0 6 |  |
| Mailing Address 21800 ADOBE RD  |                                    | <b>Transaction ID:</b> 15398267                                 |  |
| City<br>RENO  | State<br>NV                        | Amount of Each Receipt this Period<br>75.00                     |  |
| Zip Code<br>89521-7401  |                                    |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>STANTEC CONSULTING  | Occupation<br>SURVEYOR             |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00 |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 375.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 23 / 139 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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.** Full Name (Last, First, Middle Initial)  
0 MICHAEL A WADE

Mailing Address 21800 ADOBE RD

City State Zip Code  
RENO NV 89521-7401

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

Name of Employer Occupation  
STANTEC CONSULTING SURVEYOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

**Transaction ID:** 15398271

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 BOB WESTPHAL

Mailing Address 9829 CORTE DORADO CT

City State Zip Code  
ELK GROVE CA 95624-2525

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

Name of Employer Occupation  
SIERRA LUMBER & FENCE CONSTRUCTION MANAGER

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 6

**Transaction ID:** 15398351

Amount of Each Receipt this Period  
325.00

**C.** Full Name (Last, First, Middle Initial)  
0 EDWIN B THOMAS, JR

Mailing Address PO BOX 355

City State Zip Code  
HAYESVILLE NC 28904-0355

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

Name of Employer Occupation  
RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 6

**Transaction ID:** 15398384

Amount of Each Receipt this Period  
300.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 725.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 ALOYSIUS B FALLER  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |
| Mailing Address 7733 HARTFIELD PL   |   | <b>Transaction ID:</b> 15398422                               |
| City State Zip Code<br>CINCINNATI OH 45242-7724   | Amount of Each Receipt this Period<br>50.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>Occupation<br>RETIRED   | Aggregate Year-to-Date ▼<br>250.00          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 STEVEN J MONTAGINO   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 3 / 2 0 0 6 |
| Mailing Address 1555 BROCKTON AVE APT 3   |  | <b>Transaction ID:</b> 15398600                               |
| City State Zip Code<br>LOS ANGELES CA 90025-2733  | Amount of Each Receipt this Period<br>200.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer<br>Occupation<br>LA COUNTY FIRE DEPARTMENT ELECTRICIAN   | Aggregate Year-to-Date ▼<br>650.00           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 WILLIAM POYA   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |
| Mailing Address 5712 129TH ST APT 5   |   | <b>Transaction ID:</b> 15398655                               |
| City State Zip Code<br>CRESTWOOD IL 60445-1148  | Amount of Each Receipt this Period<br>40.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>Occupation<br>RETIRED   | Aggregate Year-to-Date ▼<br>275.00          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 290.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 25 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 SCOTT BAZZANI  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |  |
| Mailing Address 14590 MULBERRY ST   |                                    | <b>Transaction ID:</b> 15398817                               |  |
| City SOUTHGATE  | State MI                           | Zip Code 48195-3802   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer<br>OAKWOOD HEALTH SYSTEM   | Occupation<br>PHYSICAL THERAPIST   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>340.00 |   |  |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 ROBERT G MADDOX  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |   |
| Mailing Address 62 CAROLINE DR  |                                    | <b>Transaction ID:</b> 15398933                               |   |
| City BOYCE  | State LA                           | Zip Code 71409-9836   | Amount of Each Receipt this Period<br>50.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |   |
| Name of Employer  |                                    | Occupation  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.00 |   |   |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 DAVID P LUM, JR  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 6 / 2 0 0 6 |  |
| Mailing Address 7704 COUNTY HWY 11  |                                    | <b>Transaction ID:</b> 15399097                               |  |
| City PITCHER  | State NY                           | Zip Code 13136  | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer<br>NY STATE DEPT CONSERVATION  |                                    | Occupation<br>RETIRED - SENIOR FORESTER                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.00 |   |  |

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

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

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

FOR LINE NUMBER: PAGE 26 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 HUBERT E TWIGG, JR

Mailing Address 339 LOCUST ST

City State Zip Code  
STEELTON PA 17113-2335

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

Name of Employer Occupation  
INTERNATIONAL STEEL GROUP MACHINIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 6

**Transaction ID:** 15399221

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
0 HUBERT E TWIGG, JR

Mailing Address 339 LOCUST ST

City State Zip Code  
STEELTON PA 17113-2335

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

Name of Employer Occupation  
INTERNATIONAL STEEL GROUP MACHINIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** 15399225

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
0 RICHARD W NICELY

Mailing Address 2500 HINKLE DR APT 32

City State Zip Code  
DENTON TX 76201-0739

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

Name of Employer Occupation  
RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 15399262

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

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

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 27 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|  | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|  |                              | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
O W A LANKA

Mailing Address 132 HENKES RD

City State Zip Code  
SEQUIM WA 98382-8847

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

Name of Employer Occupation  
ROD BUILDER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 15399400

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
O BRIAN FIEBER

Mailing Address 4230 E BRIARWOOD TER

City State Zip Code  
PHOENIX AZ 85048-0516

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

Name of Employer Occupation  
WESTCOAST B.O.P. PRODUCTS, INC. SALES MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15399484

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
O HAROLD E WILLIAMS

Mailing Address 8607 GENEVA AVE

City State Zip Code  
LUBBOCK TX 79423-3040

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

Name of Employer Occupation  
RUSSELL E. WOMACK, INC. ADMINISTRATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15399488

Amount of Each Receipt this Period  
50.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 DODGE ALEXANDER

Mailing Address 5430 E EDWIN RD

City TUCSON State AZ Zip Code 85739-1924

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15399686

Amount of Each Receipt this Period  
 70.00

**B.** Full Name (Last, First, Middle Initial)  
0 ROBERT F BELT

Mailing Address 301 TOWNSHIP ROAD 1267

City PROCTORVILLE State OH Zip Code 45669-8914

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

Name of Employer Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15399790

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
0 RICHARD P JONES, JR

Mailing Address 17744 ROMAR ST

City NORTHRIDGE State CA Zip Code 91325-1332

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

Name of Employer WESTIN MORTGAGE Occupation MORTGAGE BROKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 8 / 2 0 0 6

**Transaction ID:** 15399798

Amount of Each Receipt this Period  
 35.00

|  |   |        |
|--|---|--------|
| <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)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 29 / 139 |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 MARVIN H FRANCE

Mailing Address 1253 S STATE ROAD 101

City State Zip Code  
LIBERTY IN 47353-9043

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

Name of Employer TDNR Occupation MAINTENANCE TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

Transaction ID: 15399800

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 ROBERT WHITE

Mailing Address HC 1 BOX 1065W

City State Zip Code  
PAYSON AZ 85541-8018

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

Name of Employer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 6

Transaction ID: 15399904

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 M A CUNNINGHAM

Mailing Address 1813 E OCEAN AVE

City State Zip Code  
VENTURA CA 93001-3404

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

Name of Employer OPTIMUM OPTICAL SYSTEMS INC. Occupation OPTICS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 6

Transaction ID: 15399975

Amount of Each Receipt this Period  
150.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 30 / 139 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 RICHARD L WAGNER   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |   |
| Mailing Address 31296 N RANCH RD  |                                    | <b>Transaction ID:</b> 15400068                                 |   |
| City<br>GRAYSLAKE   | State<br>IL                        | Zip Code<br>60030-9765  | Amount of Each Receipt this Period<br>75.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |   |
| Name of Employer<br>NONE  | Occupation<br>RETIRED              |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>215.00 |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 HAL M BYBEE  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 9 / 2 0 0 6 |   |
| Mailing Address 371 E MADISON AVE   |                                    | <b>Transaction ID:</b> 15400082                                 |   |
| City<br>ELY   | State<br>NV                        | Zip Code<br>89301-2219  | Amount of Each Receipt this Period<br>20.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |   |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>BUSINESS OWNER       |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00 |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 EARL H CLARK   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |   |
| Mailing Address PO BOX 1221   |                                    | <b>Transaction ID:</b> 15400101                                 |   |
| City<br>RATON   | State<br>NM                        | Zip Code<br>87740-1221  | Amount of Each Receipt this Period<br>50.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |   |
| Name of Employer  | Occupation<br>RETIRED              |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>205.00 |   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 145.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
0 ROBERT B B VIENOT

Mailing Address 1435 BELLEVUE AVE APT 306

City State Zip Code  
BURLINGAME CA 94010-3957

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

Name of Employer Occupation  
CITY OF SAN FRANCISCO RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

**Transaction ID:** 15400198

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
0 RALPH ST JOHN

Mailing Address 12736 NORTHERN BLVD  
CO ST JOHN ENTERPRISES

City State Zip Code  
FLUSHING NY 11368-1520

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15400212

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 KATSUMI UYEDA

Mailing Address 809 CANYON RD

City State Zip Code  
REDWOOD CITY CA 94062-3025

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

Name of Employer Occupation  
LITTON INDS MACHINIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

**Transaction ID:** 15400322

Amount of Each Receipt this Period  
50.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 180.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 JOHN A JOST  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6 |  |
| Mailing Address 1531 SLEEPING CHILD RD  |  | <b>Transaction ID:</b> 15400352                                 |  |
| City State Zip Code<br>HAMILTON MT 59840-9775   |  | Amount of Each Receipt this Period<br>100.00                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>DYSAN CORP ACCOUNTANT  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>205.00                              |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 RUSSELL L L BUCHEN   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 2 3 / 2 0 0 6 |  |
| Mailing Address PO BOX 2606   |  | <b>Transaction ID:</b> 15400430                                 |  |
| City State Zip Code<br>GARDNERVILLE NV 89410-2606   |  | Amount of Each Receipt this Period<br>30.00                     |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>RETIRED  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>215.00                              |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 FLOYD ROBERTS  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 9 / 2 0 0 6 |  |
| Mailing Address PO BOX 506  |  | <b>Transaction ID:</b> 15400520                                 |  |
| City State Zip Code<br>POND CREEK OK 73766-0506   |  | Amount of Each Receipt this Period<br>100.00                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>RETIRED  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00                              |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 230.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 33 / 139 |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 JOHN OPALKA, DVM

Mailing Address 5842 S HWY 95

City State Zip Code  
BULLHEAD CITY AZ 86426-6065

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

Name of Employer Occupation  
SELF EMPLOYED VETERINARIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 16 / 2006

**Transaction ID:** 15400559

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 ROBERT F BUNN

Mailing Address 1319 CARTER RD

City State Zip Code  
SACRAMENTO CA 95864-5329

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

Name of Employer Occupation  
PERKINS WELDING

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 01 / 2006

**Transaction ID:** 15400607

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 NICHOLAS J J BOVE

Mailing Address 6100 MAIN ST

City State Zip Code  
TRUMBULL CT 06611-2438

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

Name of Employer Occupation  
DIV OF CRIMINAL JUSTICE ASST. STATES ATT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 22 / 2006

**Transaction ID:** 15400671

Amount of Each Receipt this Period  
100.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 34 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|  | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|  |                              | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
0 JOHN HAGGERTY

Mailing Address 1 BAILEY ST # 2

City State Zip Code  
EVERETT MA 02149-4401

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

Name of Employer Occupation  
QUARTZITE PROCESSING MACHINIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 11 / 2006

**Transaction ID:** 15400710

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
0 ROBERT C PICOLI

Mailing Address PINK WOODS LANE

City State Zip Code  
GLEN HEAD NY 11545

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 22 / 2006

**Transaction ID:** 15400731

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 JOSEPH G LADD

Mailing Address 7449 GEORGETOWN DR

City State Zip Code  
HAZELWOOD MO 63042-1360

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

Name of Employer Occupation  
OZARK AIRLINES MECHANIC

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

**Transaction ID:** 15400760

Amount of Each Receipt this Period  
50.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 JOHN F ZIMMERMAN   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 8 / 2 0 0 6 |
| Mailing Address 3350 VALLEY RD  |                                    | <b>Transaction ID:</b> 15400883                               |
| City MARYSVILLE   | State PA                           | Zip Code 17053-9746   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>40.00                   |
| Name of Employer NONE   | Occupation RETIRED                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 MIKE AVANTS  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 6 |
| Mailing Address 150 LOOP RD   |                                    | <b>Transaction ID:</b> 15400934                               |
| City BEAR RIVER   | State WY                           | Zip Code 82930-4925   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>75.00                   |
| Name of Employer UNION TANK CAR CO  | Occupation A.E.TECH                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 ALBERT S HOVER   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |
| Mailing Address 10920 9TH DR SE   |                                    | <b>Transaction ID:</b> 15401033                               |
| City EVERETT  | State WA                           | Zip Code 98208-4012   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>50.00                   |
| Name of Employer KIMBERLY CLARK CORP  | Occupation RETIRED                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 165.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 36 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
0 SYD B VAN VLIETE

Mailing Address 6335 PORTAL WAY

City State Zip Code  
FERNDALE WA 98248-8316

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15401062

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
0 DAN R R ALDERSON

Mailing Address 3809 E MONTGOMERY AVE

City State Zip Code  
SPOKANE WA 99217-7268

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

Name of Employer Occupation  
UN-EMPLOYED ELECTRONICS TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15401196

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 W B HICKMAN

Mailing Address 5205 N ARGONNE LN APT 7

City State Zip Code  
CITY OF SPOKANE VA WA 99212-4404

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

Name of Employer Occupation  
ATLAS SYSTEMS CORP VICE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15401200

Amount of Each Receipt this Period  
150.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>450.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 37 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 STACEY E WAKEFIELD   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |  |
| Mailing Address 10106 FAIRLEA DR  |  | <b>Transaction ID:</b> 15401267                               |  |
| City State Zip Code<br>CHARLOTTE NC 28269-8775  | Amount of Each Receipt this Period<br>500.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer<br>WACHOVIA BANK   | Occupation<br>INFORMATION TECH               |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 RICHARD HANSEN   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 2 / 2 0 0 6 |  |
| Mailing Address 7631 NE 195TH ST  |   | <b>Transaction ID:</b> 15401317                               |  |
| City State Zip Code<br>KENMORE WA 98028-2023  | Amount of Each Receipt this Period<br>50.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer  | Occupation<br>RETIRED                       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00          |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 DAVID PITTS  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 6 / 2 0 0 6 |  |
| Mailing Address 1148 PARK ST  |  | <b>Transaction ID:</b> 15401480                               |  |
| City State Zip Code<br>ATTLEBORO MA 02703-5118  | Amount of Each Receipt this Period<br>200.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer  | Occupation                                   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00           |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 DOUGLAS C BUSH

Mailing Address 411 E 6TH AVE

City State Zip Code  
WINDERMERE FL 34786-3517

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

Name of Employer Occupation  
SSW AND BUSH CONTRACTORS, LLC PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 01 / 2006

Transaction ID: 15401595

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 LEWIS R HOOD

Mailing Address 2 JENNA CT

City State Zip Code  
SCOTCH PLAINS NJ 07076-3413

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

Name of Employer Occupation  
PRUDENTIAL FINANCIAL, INC. PORTFOLIO MANAGER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

Transaction ID: 15401784

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
0 DANIEL A RIGHTMIRE

Mailing Address 8350 36TH ST

City State Zip Code  
ADA MI 49301

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

Name of Employer Occupation  
SPECTRUM HEALTH INC PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

Transaction ID: 15402035

Amount of Each Receipt this Period  
100.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 700.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 RONDAL L L JONES   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6 |   |
| Mailing Address 1107 PINEDALE PL  |                                    | <b>Transaction ID:</b> 15402049                               |   |
| City TYLER  | State TX                           | Zip Code 75701-9679   | Amount of Each Receipt this Period<br>50.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |   |
| Name of Employer<br>GEORGE P BANK INC   | Occupation<br>SALESMAN             |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |   |   |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 JOHN P ADAMS   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 6 |  |
| Mailing Address PO BOX 13165  |                                    | <b>Transaction ID:</b> 15402051                               |  |
| City ALEXANDRIA   | State LA                           | Zip Code 71315-3165   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer  | Occupation                         |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |  |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 EDWARD GALLAGHER   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |   |
| Mailing Address PO BOX 3268   |                                    | <b>Transaction ID:</b> 15402158                               |   |
| City ANNAPOLIS  | State MD                           | Zip Code 21403-0268   | Amount of Each Receipt this Period<br>75.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |   |
| Name of Employer  | Occupation                         |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>255.00 |   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 225.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12                    | PAGE 40 / 139 |
|  | (check only one)   |               |
|  | <input checked="" 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

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 WALTER WISDOM  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 6 |  |
| Mailing Address 205 S RITA ST   |   | <b>Transaction ID:</b> 15402169                               |  |
| City State Zip Code<br>WACO TX 76705-1369   | Amount of Each Receipt this Period<br>50.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>US POSTAL SVC   | Occupation<br>MECHANIC                      |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>340.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 TRUMAN TEEL  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |  |
| Mailing Address 1216 MYRTLE ST  |   | <b>Transaction ID:</b> 15402193                               |  |
| City State Zip Code<br>DENTON TX 76201-7147   | Amount of Each Receipt this Period<br>30.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>DENTON ISD  | Occupation<br>SCHOOL BUS DRIVER             |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00          |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 WALTER D WELLS, JR   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6 |  |
| Mailing Address 720 CHIMNEY ROCK RD   |  | <b>Transaction ID:</b> 15402206                               |  |
| City State Zip Code<br>HOUSTON TX 77056-1608  | Amount of Each Receipt this Period<br>100.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer<br>SELF-EMPLOYED   | Occupation<br>PETROLEUM GEOLOGIST            |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00           |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 180.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 41 / 139 |
|  | <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

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 JOHN M M PORTER  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 2 / 2 0 0 6 |  |
| Mailing Address 5110 GEORGI LN  |                                    | <b>Transaction ID:</b> 15402249                               |  |
| City HOUSTON  | State TX                           | Zip Code 77092-5510   | Amount of Each Receipt this Period<br>100.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer<br>SOUTHERN PACIFIC LINES  | Occupation<br>RAILROAD TRAINMAN    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |  |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 DITTMAN W HARRISON   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |   |
| Mailing Address PO BOX 5071   |                                    | <b>Transaction ID:</b> 15402446                               |   |
| City ALLEYTON   | State TX                           | Zip Code 78935-5071   | Amount of Each Receipt this Period<br>30.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |   |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>RANCHER              |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>205.00 |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 P L LEEWRIGHT  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 3 / 2 0 0 6 |   |
| Mailing Address HC 1 BOX 45   |                                    | <b>Transaction ID:</b> 15402454                               |   |
| City BORGER   | State TX                           | Zip Code 79007-9706   | Amount of Each Receipt this Period<br>80.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |   |
| Name of Employer  | Occupation<br>RETIRED              |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00 |   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 210.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 MATTHIAS E BACHMAN   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 8 / 2 0 0 6 |  |
| Mailing Address PO BOX 493  |                                    | <b>Transaction ID:</b> 15402506                               |  |
| City<br>MIDLAND   | State<br>TX                        | Amount of Each Receipt this Period<br>50.00                   |  |
| Zip Code<br>79702-0493  |                                    |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>GEOLOGIST            |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 CHARLES O O ICE, JR  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 6 / 2 0 0 6 |  |
| Mailing Address 9134 BEDFORD DR   |                                    | <b>Transaction ID:</b> 15402529                               |  |
| City<br>ODESSA  | State<br>TX                        | Amount of Each Receipt this Period<br>100.00                  |  |
| Zip Code<br>79764-1248  |                                    |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>ZEPPELIN MECHANIC    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 EMMET C QUILL  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 8 / 2 0 0 6 |  |
| Mailing Address 3609 PARKRIDGE DR   |                                    | <b>Transaction ID:</b> 15402548                               |  |
| City<br>RAPID CITY  | State<br>SD                        | Amount of Each Receipt this Period<br>40.00                   |  |
| Zip Code<br>57702-0503  |                                    |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>US AIR FORCE  | Occupation<br>RETIRED              |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>270.00 |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 190.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 LARRY F DUGAN

Mailing Address 1106 DOVER ST

City State Zip Code  
CENTRALIA IL 62801-5064

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

Name of Employer Occupation  
BURLINGTON NORTHERN SANTA FE R TRUCK DRIVER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15402596

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 CHARLES HUDSON

Mailing Address 4123 CLIPPERT ST

City State Zip Code  
DEARBORN HEIGHTS MI 48125-2732

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15402616

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 GENE O ALLISON

Mailing Address 1669 SPAULDING RD

City State Zip Code  
DAYTON OH 45432-3723

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

Name of Employer Occupation  
IML FREIGHT RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

**Transaction ID:** 15402707

Amount of Each Receipt this Period  
50.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 ROBERT W BURLINGAME  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 6 |
| Mailing Address 10518 W COGGINS DR  |   | <b>Transaction ID:</b> 15402875                               |
| City State Zip Code<br>SUN CITY AZ 85351-3417   | Amount of Each Receipt this Period<br>50.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>US POSTAL SERVICE   | Occupation<br>RETIRED                       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>205.00          |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 CARL KERSHING  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 6 / 2 0 0 6 |
| Mailing Address 305 CORRAL DE TIERRA RD   |   | <b>Transaction ID:</b> 15402893                               |
| City State Zip Code<br>SALINAS CA 93908-8917  | Amount of Each Receipt this Period<br>25.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED 1983                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>215.00          |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 M ROCA   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |
| Mailing Address PO BOX 242  |  | <b>Transaction ID:</b> 15402922                               |
| City State Zip Code<br>SPRINGERVILLE AZ 85938-0242  | Amount of Each Receipt this Period<br>227.75 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer<br>WMAT  | Occupation<br>SKI INSTRUCTOR                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>227.75           |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 302.75 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 GEORGE H REGISTER, JR

Mailing Address 215 MACGREGOR DR

City State Zip Code  
BLUE RIDGE VA 24064-1566

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

Name of Employer Occupation  
NORFOLK SOUTHERN RAILROAD AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** 15403013

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 R F DOVE

Mailing Address 1805 SE MAIN ST

City State Zip Code  
ROSWELL NM 88203-5919

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 15403026

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 CHARLES B STINSON

Mailing Address GENERAL DELIVERY

City State Zip Code  
PROSPECT HARBOR ME 04669-9999

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

Name of Employer Occupation  
FISHING BUS SELF EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15403080

Amount of Each Receipt this Period  
50.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 DANIEL KINDLEY   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 6 |
| Mailing Address 2030 CHESTER BLVD # IH67  |  | <b>Transaction ID:</b> 15403115                               |
| City State Zip Code<br>RICHMOND IN 47374-4538   | Amount of Each Receipt this Period<br>100.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer Occupation<br>MOSEY MANUFACTURING VICE PRESIDENT   |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>205.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 NORMAN T BLACK   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 8 / 2 0 0 6 |
| Mailing Address PO BOX 1645   |  | <b>Transaction ID:</b> 15403169                               |
| City State Zip Code<br>FALLON NV 89407-1645   | Amount of Each Receipt this Period<br>140.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer Occupation<br>US NAVY RETIRED  |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 TIM BOARDMAN   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6 |
| Mailing Address 22 TAYLOR LN  |  | <b>Transaction ID:</b> 15403244                               |
| City State Zip Code<br>WETHERSFIELD CT 06109-3422   | Amount of Each Receipt this Period<br>100.00 |   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer Occupation<br>NORTHEAST UTILITIES PROGRAMMER   |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00           |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 340.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 47 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
O IRAM STEIN

Mailing Address 3170 OAKWOOD CT

City YORKTOWN State NY Zip Code 10598-2514

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

Name of Employer DISABLED Occupation DISABLED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 15403262

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
O MILAN J TURK

Mailing Address 553 SILVERMINE RD

City NEW CANAAN State CT Zip Code 06840-4322

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

Name of Employer CHEESEBROUGH PONDS INC Occupation RETIRED - EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** 15403299

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
O ROBERT M MARTIN, MD

Mailing Address 4709 WOODVIEW DR

City SANTA ROSA State CA Zip Code 95405-8753

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

Name of Employer Occupation PHYSICIAN - RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

**Transaction ID:** 15403318

Amount of Each Receipt this Period  
30.00

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1105.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 48 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|  |                                    |   |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 RICHARD G PHIPPS, JR<br>Mailing Address 1114 HALSTEAD RD<br>City State Zip Code<br>BALTIMORE MD 21234-6607<br>FEC ID number of contributing federal political committee. <b>C</b> |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6<br><b>Transaction ID:</b> 15403383<br>Amount of Each Receipt this Period<br>20.00 |
| Name of Employer<br>AIRECO SUPPLY INC<br>Occupation<br>HEATING & A/C ASSISTANT MANAGE<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>420.00 |   |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 MICHAEL BREECE<br>Mailing Address 806 S 31ST ST<br>City State Zip Code<br>LAFAYETTE IN 47904-3134<br>FEC ID number of contributing federal political committee. <b>C</b> |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6<br><b>Transaction ID:</b> 15403457<br>Amount of Each Receipt this Period<br>100.00 |
| Name of Employer<br>Occupation<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Aggregate Year-to-Date ▼<br>240.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 JIM HARPER<br>Mailing Address 680 VINEWOOD AVE<br>City State Zip Code<br>BIRMINGHAM MI 48009-1311<br>FEC ID number of contributing federal political committee. <b>C</b> |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 6<br><b>Transaction ID:</b> 15403551<br>Amount of Each Receipt this Period<br>250.00 |
| Name of Employer<br>GREATER MEDIA<br>Occupation<br>RAIDO ANNOUNCER<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                           | Aggregate Year-to-Date ▼<br>700.00 |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>370.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 139  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
0 STAN DEPTULA

Mailing Address 416 JULIAN PL

City State Zip Code  
KIRKWOOD MO 63122-2917

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15403608

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 WILLIAM HICKS

Mailing Address 2629 GRAND AVE

City State Zip Code  
GRANITE CITY IL 62040-4826

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

Name of Employer Occupation  
U.S. POSTAL SERVICE MAIL CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15403722

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 DON MCGREGOR

Mailing Address 508 CLIFF

City State Zip Code  
FALL RIVER KS 67047

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

Name of Employer Occupation  
SELF EMPLOYED TRUCK DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 6

**Transaction ID:** 15403786

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
0 FRANK COUGHLIN

Mailing Address 4716 PANORAMA DR

City State Zip Code  
BAKERSFIELD CA 93306-1351

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

Name of Employer  
ROAS'S ITALIAN RESTURANT (SELF)

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 23 / 2006

**Transaction ID:** 15403882

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 SEYMOUR R FOSTER

Mailing Address 3745 DARLINGTON RD N

City State Zip Code  
BLOOMFIELD MI 48301-2001

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

Name of Employer

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2006

**Transaction ID:** 15403900

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 JIMMY H HARRIS

Mailing Address 371 MOUNTAIN HILL RD

City State Zip Code  
FORTSON GA 31808-4621

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

Name of Employer

Occupation  
INFO REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 11 / 2006

**Transaction ID:** 15403962

Amount of Each Receipt this Period  
30.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 230.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 51 / 139 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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.** Full Name (Last, First, Middle Initial)  
0 EMERSON GLAZER

Mailing Address 9440 SANTA MONICA BLVD STE 515

City State Zip Code  
BEVERLY HILLS CA 90210-4608

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 3 | / | 2 | 0 | 0 | 6 |

**Transaction ID:** 15403990

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
0 ERIC BARACH

Mailing Address 8788 INDIAN TRL

City State Zip Code  
CLARKSTON MI 48348-2536

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

Name of Employer Occupation  
HURLEY HOSPITAL EMERGENCY DEPT M.D.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 5 | / | 2 | 0 | 0 | 6 |

**Transaction ID:** 15404073

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
0 KRISS ARBURY

Mailing Address 745 S MERIDIAN RD

City State Zip Code  
MIDLAND MI 48640-7831

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

Name of Employer Occupation  
SELF EMPLOYED FARMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 5 | / | 2 | 0 | 0 | 6 |

**Transaction ID:** 15404125

Amount of Each Receipt this Period  
100.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 725.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

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

FOR LINE NUMBER: PAGE 52 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 ED SHAW

Mailing Address 5461 EASTSIDE RD

City State Zip Code  
REDDING CA 96001-4599

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 6

**Transaction ID:** 15404173

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 WAYNE CHOATE

Mailing Address PO BOX 1227

City State Zip Code  
MOUNTAIN VIEW AR 72560-1227

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 6

**Transaction ID:** 15404268

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 FREDERICK G WENNINGER

Mailing Address 1131 OAKWOOD MANOR DR

City State Zip Code  
HUBERTUS WI 53033-9505

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

Name of Employer Occupation  
RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** 15404280

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 53 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 ANDREW C FRECHTLING

Mailing Address 1141 GREATHOUSE RD

City State Zip Code  
WAXAHACHIE TX 75167-8309

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

Name of Employer Occupation  
SOUTHWEST AIRLINES PILOT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 6

**Transaction ID:** 15404349

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
0 SCOTT A JACKSON

Mailing Address 13868 JANUS AVE

City State Zip Code  
SPARTA WI 54656-8078

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

Name of Employer Occupation  
BRENNINGER AUTO WARRANTY ADMINISTRATOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** 15404353

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 JOE M TURNER

Mailing Address 3525 SANDYBROOK LN

City State Zip Code  
NAPA CA 94558-5216

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

Name of Employer Occupation  
JTCSC CONSULTANT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 6

**Transaction ID:** 15404466

Amount of Each Receipt this Period  
100.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>350.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
0 WILLIAM R R EBERHARDT, JR

Mailing Address 1126 S POOR FARM RD

City State Zip Code  
HARRISVILLE MI 48740-9551

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

Name of Employer Occupation  
US POSTAL SERVICE RURAL POSTAL CARRIER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 242.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15404541

Amount of Each Receipt this Period  
24.00

**B.** Full Name (Last, First, Middle Initial)  
0 JOHN MEEKINS

Mailing Address 3300 OCEAN SHORE AVE  
SUITE 1603

City State Zip Code  
VIRGINIA BEACH VA 23451-1060

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

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE MANAGER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15404553

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 THOMAS A KORN

Mailing Address PO BOX 41

City State Zip Code  
PICKRELL NE 68422-0041

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

Name of Employer Occupation  
STATE OF NEBRASKA PSYCHOLOGIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15404563

Amount of Each Receipt this Period  
20.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 144.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 JAMES E BURNETT

Mailing Address 5624 BODIE CIR

City State Zip Code  
LINCOLN NE 68516-2106

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

Name of Employer  
NEBRASKA STATE PATROL

Occupation  
RETIRED - NE STATE TROOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 15404597

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
0 DALE WILLS

Mailing Address 641 COUNTY ROUTE 39

City State Zip Code  
CHATEAUGAU NY 12920-3708

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

Name of Employer  
DALE WILLS

Occupation  
DAIRY FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15404717

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 WILLIAM BOGUSKI

Mailing Address 2822 BROOKVIEW BLVD

City State Zip Code  
PARMA OH 44134-1349

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

Name of Employer  
GREATER CLEVELAND REGIONAL TRA

Occupation  
BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 15404829

Amount of Each Receipt this Period  
200.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>325.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
0 ROBERT J J MESSERE

Mailing Address PO BOX 728

City State Zip Code  
NEW HOPE PA 18938-0728

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

Name of Employer NONE - RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 296.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

Transaction ID: 15404862

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
0 DYKE ORMS

Mailing Address 500 STATE ST

City State Zip Code  
JOHNSTOWN PA 15905-2645

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

Transaction ID: 15405056

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 VIRGIL J AUKES

Mailing Address 725 SPARROW LN

City State Zip Code  
COPPELL TX 75019-3458

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

Name of Employer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 6

Transaction ID: 15405058

Amount of Each Receipt this Period  
250.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 400.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 57 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
0 ROBERT E NACE

Mailing Address PO BOX 267

City State Zip Code  
RICHFIELD PA 17086-0267

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

Name of Employer Occupation  
RETIREED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 6

**Transaction ID:** 15405154

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
0 RALPH T HUDGENS

Mailing Address 6509 HIGHWAY 106 S

City State Zip Code  
HULL GA 30646-2702

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

Name of Employer Occupation  
SELF-EMPLOYED INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 0 6

**Transaction ID:** 15405434

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
0 MICHAEL LANCASTER

Mailing Address 1397 ROCK SPRINGS CIR NE

City State Zip Code  
ATLANTA GA 30306-2260

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

Name of Employer Occupation  
IBM CORPORATION INFORMATION TECHNOLOGY SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 15405457

Amount of Each Receipt this Period  
100.00

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 58 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
O T HABECKER

Mailing Address 111 SE 98TH AVE

City VANCOUVER State WA Zip Code 98664-3913

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

Name of Employer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15405518

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
O LORENZO D DAY

Mailing Address PO BOX 5

City TELEPHONE State TX Zip Code 75488-0005

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

Name of Employer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

**Transaction ID:** 15405565

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
O ALLEN B HEADLEY

Mailing Address 4985 PRIETO DR

City PENSACOLA State FL Zip Code 32506-5365

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

Name of Employer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

**Transaction ID:** 15405676

Amount of Each Receipt this Period  
100.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 220.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 59 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 JOHN H HIGDON  |                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 9 / 2 0 0 6 |  |
| Mailing Address PO BOX 540211   |                       | <b>Transaction ID:</b> 15405701                                 |  |
| City<br>MERRITT ISLAND  | State<br>FL           | Amount of Each Receipt this Period<br>100.00                    |  |
| Zip Code<br>32954-0211  |                       |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                       |   |  |
| Name of Employer<br>Receipt For:  | Occupation<br>RETIRED | Aggregate Year-to-Date ▼<br>300.00                              |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                       |   |  |

|   |                            |   |  |
|---|----------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 HOWARD J J CAIN  |                            | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |  |
| Mailing Address 391 LAKESHORE DR N  |                            | <b>Transaction ID:</b> 15405829                                 |  |
| City<br>BANDERA   | State<br>TX                | Amount of Each Receipt this Period<br>100.00                    |  |
| Zip Code<br>78003-5870  |                            |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                            |   |  |
| Name of Employer<br>Receipt For:  | Occupation<br>TRUCK DRIVER | Aggregate Year-to-Date ▼<br>300.00                              |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                            |   |  |

|   |                               |   |  |
|---|-------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 DONALD A ZIELINSKI                                       |                               | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 9 / 2 0 0 6 |  |
| Mailing Address 2117 MAPLE AVE  |                               | <b>Transaction ID:</b> 15405997                                 |  |
| City<br>BERWYN  | State<br>IL                   | Amount of Each Receipt this Period<br>50.00                     |  |
| Zip Code<br>60402-1553  |                               |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                               |   |  |
| Name of Employer<br>Receipt For:  | Occupation<br>ENGINE ASSEMBLY | Aggregate Year-to-Date ▼<br>300.00                              |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                               |   |  |

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

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 60 / 139 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 DONALD A ZIELINSKI   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |  |
| Mailing Address 2117 MAPLE AVE  |   | <b>Transaction ID:</b> 15405998                               |  |
| City State Zip Code<br>BERWYN IL 60402-1553   | Amount of Each Receipt this Period<br>50.00 |   |  |
| FEC ID number of contributing federal political committee.<br>C   |   |   |  |
| Name of Employer<br>ELECTRO-MOTIVE DIV., G.M.   | Occupation<br>ENGINE ASSEMBLY               |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 E C STYMA  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |  |
| Mailing Address 4841 W 23RD PL  |   | <b>Transaction ID:</b> 15406098                               |  |
| City State Zip Code<br>CICERO IL 60804-2442   | Amount of Each Receipt this Period<br>50.00 |   |  |
| FEC ID number of contributing federal political committee.<br>C   |   |   |  |
| Name of Employer<br>A T & T TECH  | Occupation<br>TOOL & DIE MAKER              |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>255.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 NORBERT S TOTOSZ   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 6 |  |
| Mailing Address 6407 OGDEN ST   |   | <b>Transaction ID:</b> 15406099                               |  |
| City State Zip Code<br>OMAHA NE 68104-1539  | Amount of Each Receipt this Period<br>40.00 |   |  |
| FEC ID number of contributing federal political committee.<br>C   |   |   |  |
| Name of Employer  | Occupation<br>RETIRED                       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00          |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 140.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 61 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|  | <input type="checkbox"/> 12  | <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.** Full Name (Last, First, Middle Initial)  
0 JAMES F FROEMMING

Mailing Address PO BOX 6893

City State Zip Code  
ROCKFORD IL 61125-1893

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

Name of Employer Occupation  
ROCK VALLEY COLLEGE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15406145

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 BRADLEY K BAILEY

Mailing Address 349 PORTER RD

City State Zip Code  
HARRISVILLE PA 16038-2817

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

Name of Employer Occupation  
REZNOR MACHINE OPERATOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 6

**Transaction ID:** 15406149

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
0 JOHN M KERR, JR

Mailing Address 4704 TARA DR

City State Zip Code  
FAIRFAX VA 22032-2037

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

Name of Employer Occupation  
RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 15406250

Amount of Each Receipt this Period  
50.00

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1150.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 62 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
O T E TABER

Mailing Address 13517 THOMPSON RD

City State Zip Code  
EDMOND OK 73013-7452

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

Name of Employer Occupation  
RETIREED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 6

**Transaction ID:** 15406280

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
O T E TABER

Mailing Address 13517 THOMPSON RD

City State Zip Code  
EDMOND OK 73013-7452

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

Name of Employer Occupation  
RETIREED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15406281

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
O RICHARD L CORRIGAN

Mailing Address 37179 E DEVON WICK LN

City State Zip Code  
PURCELLVILLE VA 20132-5056

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

Name of Employer Occupation  
CH2M HILL EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

**Transaction ID:** 15406286

Amount of Each Receipt this Period  
100.00

|  |   |        |
|--|---|--------|
| <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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 63 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 RUSSELL A WILCOCK

Mailing Address 3113 LIFSEY LN

City State Zip Code  
CHESTERFIELD VA 23832-8444

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

Name of Employer Occupation  
J.M. FRY, CO. INKMAKER - RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

**Transaction ID:** 15406376

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
0 WILLIAM C BIAS

Mailing Address 16096 COUNTY ROAD 2

City State Zip Code  
SCOTTOWN OH 45678-9027

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

Name of Employer Occupation  
RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 265.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

**Transaction ID:** 15406469

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
0 HOWARD L BUNGARD

Mailing Address 391 MORFORD RD

City State Zip Code  
ALEPPO PA 15310-1444

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

Name of Employer Occupation  
GREEN COUNTRY MEMORIAL HO-SPITA MAINTENANCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 243.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 19 / 2006

**Transaction ID:** 15406483

Amount of Each Receipt this Period  
68.24

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 148.24 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |                              |                             |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 64 / 139                |                              |                             |
|  | <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 |

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

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>0 WILLIAM L DICKENS USMCR, RET<br>Mailing Address 1059 AUGUSTA ST<br>City MOBILE State AL Zip Code 36604-3042<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 9 / 2 0 0 6<br><b>Transaction ID:</b> 15406785<br>Amount of Each Receipt this Period<br>200.00 |
| Name of Employer SELF EMPLOYED Occupation REAL EST DEVELOPMENT<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 208.00            |  |  |

|  |  |  |
|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>0 BILLY JAQUES<br>Mailing Address 74 ROANOKE LN<br>City ROCHESTER HILLS State MI Zip Code 48309-1425<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 6 / 2 0 0 6<br><b>Transaction ID:</b> 15406832<br>Amount of Each Receipt this Period<br>100.00 |
| Name of Employer Occupation RETIRED<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 240.00                              |  |  |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>0 FREDERICK HALL<br>Mailing Address 4435 E HARVARD DR<br>City HERNANDO State FL Zip Code 34442-0978<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 3 / 2 0 0 6<br><b>Transaction ID:</b> 15406949<br>Amount of Each Receipt this Period<br>50.00 |
| Name of Employer Occupation RETIRED<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 225.00                             |  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>350.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 65 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|  | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|  |                              | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
0 GARY G HILL

Mailing Address 343 PUMPKIN HILL RD

City State Zip Code  
LEDYARD CT 06339-1932

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

Name of Employer Occupation  
MOHEGAN SUN SECURITY GUARD

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15406973

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
0 GUS ECKHARDT

Mailing Address 2537 W AVENUE K

City State Zip Code  
SAN ANGELO TX 76901-3748

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

Name of Employer Occupation  
ANGELO CLINIC ASSOCIATION PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 15407049

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 K C WALDO, JR

Mailing Address PO BOX 6746

City State Zip Code  
CLEVELAND OH 44101-1746

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

Name of Employer Occupation  
SHERWIN WILLIAMS CHEMIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 555.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15407057

Amount of Each Receipt this Period  
75.00

|  |   |        |
|--|---|--------|
| <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) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 66 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 PETER REBAR  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6 |
| Mailing Address 21851 FAIRFIELD PL  |  | <b>Transaction ID:</b> 15407086                               |
| City State Zip Code<br>STRONGSVILLE OH 44149-9237   | Amount of Each Receipt this Period<br>500.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer<br>HY LEVEL INDUSTRIES, INC  | Occupation<br>MANAGER                        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 CHRIS MAUS   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 9 / 2 0 0 6 |
| Mailing Address 100 EASY ST   |   | <b>Transaction ID:</b> 15407170                               |
| City State Zip Code<br>HAZEL GREEN AL 35750-4800  | Amount of Each Receipt this Period<br>40.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>WAL MART  | Occupation                                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00          |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 ARLAN A A HESSE  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 6 / 2 0 0 6 |
| Mailing Address 1716 COUNTY ROAD 69   |   | <b>Transaction ID:</b> 15407285                               |
| City State Zip Code<br>PROCTORVILLE OH 45669-8950   | Amount of Each Receipt this Period<br>20.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>INCO ALLOYS INTERNATIONAL   | Occupation<br>RETIRED - METALLURGIST        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>820.00          |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 560.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 67 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 JACK D HUNTER

Mailing Address P.O BOX 10300

City State Zip Code  
FORT WAYNE IN 46851-0300

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

Name of Employer LINCOLN NATL CORP Occupation LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15407337

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 PHILLIP SATTERTHWAITE

Mailing Address 1904 S ARMSTRONG ST

City State Zip Code  
KOKOMO IN 46902-2080

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15407354

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 MICHAEL SCHWENDENMAN

Mailing Address PO BOX 42725

City State Zip Code  
INDIANAPOLIS IN 46242-0725

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

Name of Employer WEL COMPANIES, INC. Occupation TRUCK DRIVER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

**Transaction ID:** 15407358

Amount of Each Receipt this Period  
25.00

|  |   |        |
|--|---|--------|
| <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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 JOHN R WOLF

Mailing Address 3309 W ELDORA ST

City State Zip Code  
SILVER LAKE IN 46982-9574

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15407373

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
0 JAMES C FISHER

Mailing Address 8632 E 84TH ST

City State Zip Code  
RAYTOWN MO 64138-3109

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

**Transaction ID:** 15407534

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 JAN KING

Mailing Address 1001 SAINT MARYS BLVD # A

City State Zip Code  
JEFFERSON CITY MO 65109-1411

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

Name of Employer Occupation  
MO STATE OFFICE OF PUBLIC DEFENSE PUBLIC DEFENDER/ATTY

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15407566

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.00**

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

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 69 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |                                     |   |
|---|-------------------------------------|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>0 RON TUCKER   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 8 / 2 0 0 6 |
| Mailing Address PO BOX 147  |                                     | <b>Transaction ID:</b> 15407574                               |
| City GREEN RIVER  | State WY                            | Zip Code 82935-0147   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>1000.00                 |
| Name of Employer<br>SELF EMPLOYED   | Occupation<br>ENGINEER              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>0 SCOTT A NOLL   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 8 / 2 0 0 6 |
| Mailing Address 22740 VETERANS RD   |                                    | <b>Transaction ID:</b> 15407591                               |
| City MORTON   | State IL                           | Zip Code 61550-9801   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>40.00                   |
| Name of Employer  | Occupation                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>200.51 |   |

|   |                                    |   |
|---|------------------------------------|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>0 JOHN E WEIR, JR  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 8 / 2 0 0 6 |
| Mailing Address 3304 S NORTON AVE   |                                    | <b>Transaction ID:</b> 15407606                               |
| City INDEPENDENCE   | State MO                           | Zip Code 64052-2831   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>100.00                  |
| Name of Employer  | Occupation<br>RETIRED              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1140.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 70 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 RUSSELL G MILLS  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 5 / 2 0 0 6 |  |
| Mailing Address 734 MANOR DR  |                                    | <b>Transaction ID:</b> 15407624                               |  |
| City<br>RENO  | State<br>NV                        | Amount of Each Receipt this Period<br>50.00                   |  |
| Zip Code<br>89509-1943  |                                    | Amount of Each Receipt this Period<br>50.00                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>50.00                   |  |
| Name of Employer<br>NONE  | Occupation<br>RETIRED              | Amount of Each Receipt this Period<br>50.00                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>305.00 | Amount of Each Receipt this Period<br>50.00                   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 RUSSELL G MILLS  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 6 |  |
| Mailing Address 734 MANOR DR  |                                    | <b>Transaction ID:</b> 15407628                               |  |
| City<br>RENO  | State<br>NV                        | Amount of Each Receipt this Period<br>50.00                   |  |
| Zip Code<br>89509-1943  |                                    | Amount of Each Receipt this Period<br>50.00                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>50.00                   |  |
| Name of Employer<br>NONE  | Occupation<br>RETIRED              | Amount of Each Receipt this Period<br>50.00                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>355.00 | Amount of Each Receipt this Period<br>50.00                   |  |

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 STEVE MASSEY   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 3 / 2 0 0 6 |  |
| Mailing Address 280 ROYCE LN  |                                     | <b>Transaction ID:</b> 15407740                               |  |
| City<br>ONEIDA  | State<br>TN                         | Amount of Each Receipt this Period<br>200.00                  |  |
| Zip Code<br>37841-6491  |                                     | Amount of Each Receipt this Period<br>200.00                  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>200.00                  |  |
| Name of Employer<br>ADVANCE FOOD COMPANY  | Occupation<br>SUPPLIES COORDINATOR  | Amount of Each Receipt this Period<br>200.00                  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1400.00 | Amount of Each Receipt this Period<br>200.00                  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 300.00 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 71 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 TIMOTHY L WISECARVER   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 6 |
| Mailing Address PO BOX 58834  |                                    | <b>Transaction ID:</b> 15407776                               |
| City PHILADELPHIA   | State PA                           | Zip Code 19102-8834   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>50.00                   |
| Name of Employer<br>PA COMPENSATION RATING BU-REAU  | Occupation<br>ACTUARY              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 ROBERT WALKER  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 6 |
| Mailing Address 903 WILMINGTON AVE  |                                    | <b>Transaction ID:</b> 15407902                               |
| City BALTIMORE  | State MD                           | Zip Code 21223-3225   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>100.00                  |
| Name of Employer  | Occupation                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 JERRY BAUSMAN  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6 |
| Mailing Address PO BOX 7112   |                                    | <b>Transaction ID:</b> 15407947                               |
| City BONNEY LAKE  | State WA                           | Zip Code 98391-0901   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>50.00                   |
| Name of Employer  | Occupation                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 72 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 JOHNNIE MILAM  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6 |  |
| Mailing Address 3957 EUCLID ST  |                                    | <b>Transaction ID:</b> 15408102                                 |  |
| City LAS VEGAS  | State NV                           | Zip Code 89121-4103   | Amount of Each Receipt this Period<br>200.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |  |
| Name of Employer  | Occupation RETIRED                 |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00 |   |  |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 ROBIN A FORTE  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |   |
| Mailing Address 4309 ALTA VISTA LN  |                                    | <b>Transaction ID:</b> 15408501                                 |   |
| City DALLAS   | State TX                           | Zip Code 75229-2838   | Amount of Each Receipt this Period<br>50.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |   |
| Name of Employer AMERICAN ASSC. OF PRO. LA-NDMEN  | Occupation ASSOCIATION EXECUTIVE   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |   |

|   |                                    |   |   |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 ROBIN A FORTE  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |   |
| Mailing Address 4309 ALTA VISTA LN  |                                    | <b>Transaction ID:</b> 15408502                                 |   |
| City DALLAS   | State TX                           | Zip Code 75229-2838   | Amount of Each Receipt this Period<br>50.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |   |
| Name of Employer AMERICAN ASSC. OF PRO. LA-NDMEN  | Occupation ASSOCIATION EXECUTIVE   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |   |   |

|  |        |
|--|--------|
| <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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 73 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 MICHAEL A CREMER

Mailing Address 1482 HOLLOW FORK CV

City State Zip Code  
GERMANTOWN TN 38138-1719

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

Name of Employer Occupation  
VA MEDICAL CENTER PHYSICAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 455.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

Transaction ID: 15408522

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 PATRICK A TOOMAN

Mailing Address 3641 MANN RD

City State Zip Code  
CLARKSTON MI 48346-4038

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

Transaction ID: 15408527

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
0 GEORGE M RUNKLE

Mailing Address 303 DEPOT ST

City State Zip Code  
ALTONA IL 61414

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

Name of Employer Occupation  
IL DEPT OF TRANSPORTATION RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 6

Transaction ID: 15408539

Amount of Each Receipt this Period  
100.00

|  |   |        |
|--|---|--------|
| <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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 74 / 139                |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 GEORGE M RUNKLE

Mailing Address 303 DEPOT ST

City State Zip Code  
ALTONA IL 61414

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

Name of Employer Occupation  
IL DEPT OF TRANSPORTATION RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 0 6

**Transaction ID:** 15408540

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
0 RICHARD S JOHNSON

Mailing Address 5126 MARATHON DR

City State Zip Code  
MADISON WI 53705-4715

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

**Transaction ID:** 15408591

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 DAVID E SEAFOLK-KOPP

Mailing Address 8913 EARLY APRIL WAY APT H

City State Zip Code  
COLUMBIA MD 21046-2461

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15408815

Amount of Each Receipt this Period  
50.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 180.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 139  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
0 FRANK PRUCKA

Mailing Address 10627 MARTHA ST

City State Zip Code  
OMAHA NE 68124-1845

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
05 / 19 / 2006

Transaction ID: 15408921

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
0 FREDERICK R MACKINTOSH

Mailing Address 7350 LAKESIDE DR

City State Zip Code  
RENO NV 89511-7608

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
05 / 26 / 2006

Transaction ID: 15408934

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 G TOSTEVIN

Mailing Address 12555 37TH AVE NE

City State Zip Code  
SEATTLE WA 98125-4654

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

Name of Employer SEATTLE CITY LIGHT Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
05 / 03 / 2006

Transaction ID: 15409055

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 76 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 ROBERT GIRLING   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |  |
| Mailing Address 872 ROBIN HOOD DR   |                                    | <b>Transaction ID:</b> 15409079                               |  |
| City<br>ALLENTOWN   | State<br>PA                        | Amount of Each Receipt this Period<br>500.00                  |  |
| Zip Code<br>18103-2937  |                                    |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>Receipt For:  | Occupation<br>RETIRED              |   |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 PAUL WANBERG   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 9 / 2 0 0 6 |  |
| Mailing Address PO BOX 1212   |                                    | <b>Transaction ID:</b> 15409236                               |  |
| City<br>DELTA   | State<br>UT                        | Amount of Each Receipt this Period<br>200.00                  |  |
| Zip Code<br>84624-1212  |                                    |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>Receipt For:  | Occupation<br>EQUIPMENT OPERATOR   |   |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>425.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 ROBERT C CARROLL   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 6 / 2 0 0 6 |  |
| Mailing Address 467 FAY AVE   |                                    | <b>Transaction ID:</b> 15409414                               |  |
| City<br>ELIZABETH   | State<br>NJ                        | Amount of Each Receipt this Period<br>100.00                  |  |
| Zip Code<br>07202-2253  |                                    |   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |
| Name of Employer<br>Receipt For:  | Occupation<br>ATTORNEY             |   |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 800.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

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

FOR LINE NUMBER: PAGE 77 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 RODNEY FOREMAN

Mailing Address PO BOX 437

City State Zip Code  
CUTHBERT GA 39840-0437

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 15409577

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
0 L D MOORE

Mailing Address 11947 CONNOR ST

City State Zip Code  
HOUSTON TX 77039-6305

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15409805

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 THOMAS E YEARY

Mailing Address 9523 BAY VISTA ESTATES BLVD

City State Zip Code  
ORLANDO FL 32836-8716

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

Name of Employer Occupation  
THE TIMESHARE STORE, INC. SALES

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 1 / 2 0 0 6

**Transaction ID:** 15409855

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

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

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

FOR LINE NUMBER: PAGE 78 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 LESS OSBORNE

Mailing Address 321 SHADY GLEN RD

City State Zip Code  
WALNUT CREEK CA 94596-5437

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 6

**Transaction ID:** 15409919

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
0 CHARLES R ARNOLD

Mailing Address 3780 HIGHWAY 43 N

City State Zip Code  
PICAYUNE MS 39466-7224

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 6

**Transaction ID:** 15409938

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
0 EDWARD M SENYKO

Mailing Address 7270 TOWNLINE RD

City State Zip Code  
BRIDGEPORT MI 48722-9719

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

Name of Employer Occupation  
RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15409997

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

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

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

FOR LINE NUMBER: PAGE 79 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 KEVIN KREINER

Mailing Address 6 MEADOW CREEK CT

City State Zip Code  
BALTIMORE MD 21236-3920

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15410158

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
0 CHARLES REHWINKEL

Mailing Address 3786 S 1100 E

City State Zip Code  
OTTERBEIN IN 47970-8516

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

Name of Employer Occupation  
ROWE TRUCK EQUIPMENT MACHINE OPERATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 6

**Transaction ID:** 15410606

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
0 WAYNE SYVERSON

Mailing Address 601 ALEXANDRIA DR

City State Zip Code  
NAPERVILLE IL 60565-3358

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

Name of Employer Occupation  
US GYPSUM COMPANY ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

**Transaction ID:** 15410630

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.00**

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

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

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

FOR LINE NUMBER: PAGE 80 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 ANTHONY ERVIN

Mailing Address 114 ROBERTS ST

City State Zip Code  
DOTHAN AL 36301-4555

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 15410796

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
0 MILTON E DISSER, III

Mailing Address 3158 SAN JOSE ST

City State Zip Code  
CLEARWATER FL 33759-3523

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 15410808

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
0 ALFRED VANEENWYK

Mailing Address 4413 FAIRVILLE MAPLE RIDGE RD

City State Zip Code  
NEWARK NY 14513-9374

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15410832

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **270.00**

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

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

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

FOR LINE NUMBER: PAGE 81 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 RALPH CAMPBELL

Mailing Address 308 SKYVIEW DR

City State Zip Code  
COLUMBIA TN 38401-5617

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 0 6

**Transaction ID:** 15410911

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
0 RICHARD PERRY

Mailing Address 104 CONCORD CT

City State Zip Code  
MANTEO NC 27954-9494

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

Name of Employer Occupation  
BELL SOUTH RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 15410932

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
0 RONALD SWAIN

Mailing Address 561 SE 3RD AVE

City State Zip Code  
POMPANO BEACH FL 33060-8415

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15411083

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

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

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

FOR LINE NUMBER: PAGE 82 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 RICHARD DEVITA

Mailing Address 11815 SPRUCE GROVE RD

City State Zip Code  
LOWER LAKE CA 95457-9819

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

**Transaction ID:** 15411086

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
0 JOHN M KERIVAN, III

Mailing Address 6012 N MARMORA AVE

City State Zip Code  
CHICAGO IL 60646-3904

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15411166

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 BOBBIE POWERS

Mailing Address 4549 WOOD RIVER DR

City State Zip Code  
FAIRBANKS AK 99709-3404

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

Name of Employer Occupation  
ALASKA DEPT OF TRANSPORTATION RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 15411347

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 83 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
0 JOHN BURKHOLDER

Mailing Address 7030 KINGS CORNERS RD

City PANAMA State NY Zip Code 14767-9756

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

Name of Employer SELF EMPLOYED Occupation LOGGING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

Transaction ID: 15411367

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 BRIAN D DE CANN

Mailing Address 8767 STATE ROUTE 53

City NAPLES State NY Zip Code 14512-9565

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

Transaction ID: 15411521

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 JAMES P LANDIS

Mailing Address 347 N CHERRY ST

City GERMANTOWN State OH Zip Code 45327-1103

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

Name of Employer Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

Transaction ID: 15411582

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00

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

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 84 / 139 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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

|   |             |   |   |
|---|-------------|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 TROY KEEL  |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |   |
| Mailing Address PO BOX 38   |             | <b>Transaction ID:</b> 15411648                               |   |
| City<br>TALCO   | State<br>TX | Zip Code<br>75487-0038  | Amount of Each Receipt this Period<br>30.00 |
| FEC ID number of contributing federal political committee.<br>C   |             |   |   |
| Name of Employer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |             | Occupation<br>Aggregate Year-to-Date ▼<br>215.00              |   |

|  |             |  |   |
|--|-------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 JOSEPH PATTERSON  |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 6                      |   |
| Mailing Address 4295 OLD BRIDGEVILLE RD  |             | <b>Transaction ID:</b> 15411706  |   |
| City<br>FELTON   | State<br>PA | Zip Code<br>17322-7813   | Amount of Each Receipt this Period<br>30.00 |
| FEC ID number of contributing federal political committee.<br>C  |             |  |   |
| Name of Employer<br>DESCO, INC.<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |             | Occupation<br>HEATING / REFRIGERATION REPAIR<br>Aggregate Year-to-Date ▼<br>205.00 |   |

|   |             |   |  |
|---|-------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 ROBERT BURKE   |             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 5 / 2 0 0 6 |  |
| Mailing Address 25 FELLSCREST RD  |             | <b>Transaction ID:</b> 15411778                               |  |
| City<br>ESSEX FELLS   | State<br>NJ | Zip Code<br>07021-1808  | Amount of Each Receipt this Period<br>200.00 |
| FEC ID number of contributing federal political committee.<br>C   |             |   |  |
| Name of Employer<br>THUMANN INC.<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |             | Occupation<br>EXECUTIVE<br>Aggregate Year-to-Date ▼<br>700.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 260.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

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

FOR LINE NUMBER: PAGE 85 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 CRAIG S NEDBALL

Mailing Address 388 KNIGHTS BRIDGE RD

City State Zip Code  
SPRING HILL FL 34609-9643

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 09 / 2006

**Transaction ID:** 15411886

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 WILLIAM HUTCHINS

Mailing Address 253 REBER RD

City State Zip Code  
WILLSBORO NY 12996-3400

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

Name of Employer Occupation  
DOUG WEST QUARRY OPERATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

**Transaction ID:** 15411927

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 GREGORY W DETWILER

Mailing Address RR 2 BOX 70

City State Zip Code  
WILLIAMSBURG PA 16693-9626

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

Name of Employer Occupation  
SELF EMPLOYED FREELANCE WRITER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 09 / 2006

**Transaction ID:** 15411958

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 JOHNNY HUTTO

Mailing Address 221 MEADOWLINKS DR

City State Zip Code  
FORT GAINES GA 39851-2605

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 15411967

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
0 HOLLAND F WALSH

Mailing Address 3809 CENTENARY AVE

City State Zip Code  
DALLAS TX 75225-5226

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

Name of Employer Occupation  
MEDICA-RENTS COMPANY VICE PRESIDENT

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15411974

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 LARRY D RENBARGER

Mailing Address 2935 SW LANE ST

City State Zip Code  
TOPEKA KS 66611-2145

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

Name of Employer Occupation  
RETIRED - MEDICALLY DISABLED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 15411997

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

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

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

FOR LINE NUMBER: PAGE 87 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 FELIX KOGAN

Mailing Address 262 SAYRE DR

City State Zip Code  
PRINCETON NJ 08540-5811

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** 15412111

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
0 DUSTIN A AYLOR

Mailing Address 224 ROSS WILLIAMS RD

City State Zip Code  
LANCING TN 37770-2650

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 15412153

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
0 ROBERT L DODD

Mailing Address 3304 MCSHANE WAY

City State Zip Code  
DUNDALK MD 21222-5953

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

Name of Employer Occupation  
HARVEY SALT TRUCK DRIVER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 15412159

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 88 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> 0 BENJAMIN M GROVER  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 9 / 2 0 0 6 |
| Mailing Address PO BOX 33   |                                    | Transaction ID: 15412246                                      |
| City MARATHON   | State NY                           | Zip Code 13803-0033   |
| Amount of Each Receipt this Period<br>100.00  |                                    |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |
| Name of Employer COLLEGE OF VETERINARY MEDICINE   | Occupation ANIMAL CARE             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 ROBERT HART  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 3 / 2 0 0 6 |
| Mailing Address 26895 ALISO CREEK RD # B662   |                                    | Transaction ID: 15412267                                      |
| City ALISO VIEJO  | State CA                           | Zip Code 92656-5301   |
| Amount of Each Receipt this Period<br>50.00   |                                    |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |
| Name of Employer HARMAN INTERNATIONAL   | Occupation ATTORNEY                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>335.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 JIMMY PACK   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 6 |
| Mailing Address 1828 PINE LAKE TRL NW   |                                    | Transaction ID: 15412412                                      |
| City ARAB   | State AL                           | Zip Code 35016-4597   |
| Amount of Each Receipt this Period<br>50.00   |                                    |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |
| Name of Employer  | Occupation                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

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

FOR LINE NUMBER: PAGE 89 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 DAVID M FISHER

Mailing Address 10298 WESTERN OAKS RD

City State Zip Code  
FORT WORTH TX 76108-9738

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 15412426

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
0 TOM KELLY

Mailing Address 5211 ARQUILLA DR

City State Zip Code  
RICHTON PARK IL 60471-1519

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

Name of Employer Occupation  
GOVERNORS STATE UNIVERSITY HISTORY PROFESSOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 6

**Transaction ID:** 15412451

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 TOM KELLY

Mailing Address 5211 ARQUILLA DR

City State Zip Code  
RICHTON PARK IL 60471-1519

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

Name of Employer Occupation  
GOVERNORS STATE UNIVERSITY HISTORY PROFESSOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
670.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

**Transaction ID:** 15412455

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **430.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 90 / 139                |
|  | <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 (Last, First, Middle Initial)<br><b>A.</b> 0 DUKE TOBIA   |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 1 / 2 0 0 6 |
| Mailing Address PO BOX 1975   |                                       | Transaction ID: 15412456                                      |
| City WEST MONROE  | State LA                              | Zip Code 71294-1975   |
| Amount of Each Receipt this Period<br>100.00  |                                       |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                       |   |
| Name of Employer SELF EMPLOYED  | Occupation VINYL SALES & INSTALLATION |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>430.00    |   |

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> 0 DUKE TOBIA   |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 9 / 2 0 0 6 |
| Mailing Address PO BOX 1975   |                                       | Transaction ID: 15412457                                      |
| City WEST MONROE  | State LA                              | Zip Code 71294-1975   |
| Amount of Each Receipt this Period<br>100.00  |                                       |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                       |   |
| Name of Employer SELF EMPLOYED  | Occupation VINYL SALES & INSTALLATION |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>530.00    |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> 0 MICHAEL D GORDON   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 3 / 2 0 0 6 |
| Mailing Address 1201 OBRIEN RD  |                                    | Transaction ID: 15412649                                      |
| City PORT ANGELES   | State WA                           | Zip Code 98362-7417   |
| Amount of Each Receipt this Period<br>100.00  |                                    |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |
| Name of Employer  | Occupation                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>215.00 |   |

|  |        |
|--|--------|
| <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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 139  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
GARY W CHASE

Mailing Address 1070 HUNTERHILL DR

City State Zip Code  
ROSWELL GA 30075-3308

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
05 / 16 / 2006

Transaction ID: 15412717

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIAM GIRALDI

Mailing Address 323 DARCY AVE

City State Zip Code  
TRENTON NJ 08629-1314

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
05 / 08 / 2006

Transaction ID: 15413166

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR RICK WALTEMATH, SR

Mailing Address 826 N CEDAR AVE

City State Zip Code  
HASTINGS NE 68901-4563

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
05 / 25 / 2006

Transaction ID: 15572279

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **245.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 ROBERT F BUNN

Mailing Address 1319 CARTER RD

City State Zip Code  
SACRAMENTO CA 95864-5329

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PERKINS WELDING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 25 / 2006

**Transaction ID:** 15572298

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT W HILL, JR

Mailing Address 7706 MARVIN HILL RD

City State Zip Code  
SPRINGWATER NY 14560-9722

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
05 / 25 / 2006

**Transaction ID:** 15572302

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
MR PHILLIP D RICKER

Mailing Address 20045 SW NANCY LN

City State Zip Code  
BEAVERTON OR 97007-6049

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
JACOBS ENGINEERING CHEMICAL ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
05 / 25 / 2006

**Transaction ID:** 15572340

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... 205.00

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

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 93 / 139 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MR DONALD L HICKS</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |  |
| Mailing Address PO BOX 218  |   | <b>Transaction ID: 15572411</b>                               |  |
| City<br><b>MASHPEE</b>  | State<br><b>MA</b>                            | Amount of Each Receipt this Period<br>30.00                   |  |
| Zip Code<br><b>02649-0218</b>   |   | Amount of Each Receipt this Period<br>30.00                   |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |  |
| Name of Employer<br>NONE  | Occupation<br><b>RETIRED FEDERAL EMPLOYEE</b> |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>215.00            |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MR TED E JENSEN</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |  |
| Mailing Address PO BOX 33009  |                                    | <b>Transaction ID: 15572425</b>                               |  |
| City<br><b>RENO</b>   | State<br><b>NV</b>                 | Amount of Each Receipt this Period<br>75.00                   |  |
| Zip Code<br><b>89533-3009</b>   |                                    | Amount of Each Receipt this Period<br>75.00                   |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    |   |  |
| Name of Employer  | Occupation<br><b>RETIRED</b>       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>235.00 |   |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. DR OWEN W W JUSTICE</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |  |
| Mailing Address 3226 N DECATUR BLVD   |                                    | <b>Transaction ID: 15572472</b>                               |  |
| City<br><b>LAS VEGAS</b>  | State<br><b>NV</b>                 | Amount of Each Receipt this Period<br>100.00                  |  |
| Zip Code<br><b>89130-3207</b>   |                                    | Amount of Each Receipt this Period<br>100.00                  |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    |   |  |
| Name of Employer<br>DR OWEN W. JUSTICE JR   | Occupation<br><b>DENTIST</b>       |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |  |

|  |        |
|--|--------|
| <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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 94 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>GREG HERR<br>Mailing Address 10663 SELAH SPRINGS RD NE<br>City SILVERTON State OR Zip Code 97381-9248<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6<br><b>Transaction ID: 15572530</b><br>Amount of Each Receipt this Period<br>1000.00 |
| Name of Employer SELF EMPLOYED Occupation FARMER<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1000.00              |  |   |

|   |  |   |
|---|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>MR DON SHJERVEN<br>Mailing Address 6001 S FIFE ST<br>City TACOMA State WA Zip Code 98409-6129<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6<br><b>Transaction ID: 15572552</b><br>Amount of Each Receipt this Period<br>40.00 |
| Name of Employer Occupation<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>210.00                            |  |   |

|  |  |   |
|--|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>MR MAURICE M BRUMBELOW<br>Mailing Address 727 VILLARD ST<br>City CHENEY State WA Zip Code 99004-1253<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6<br><b>Transaction ID: 15572556</b><br>Amount of Each Receipt this Period<br>50.00 |
| Name of Employer US NAVY Occupation RETIRED<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>210.00                   |  |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1090.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 95 / 139                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |                                    |   |
|---|------------------------------------|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MR RICHARD R BROWNING  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |
| Mailing Address PO BOX 1974   |                                    | <b>Transaction ID:</b> 15572567                               |
| City LA PINE  | State OR                           | Zip Code 97739-1974   |
| Amount of Each Receipt this Period<br>50.00   |                                    |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |
| Name of Employer  | Occupation<br>RETIRED              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>235.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>O M E MCKIBBEN, JR   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |
| Mailing Address 4 WOODLEAF AVE  |                                    | <b>Transaction ID:</b> 15572672                               |
| City REDWOOD CITY   | State CA                           | Zip Code 94061-1823   |
| Amount of Each Receipt this Period<br>30.00   |                                    |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |
| Name of Employer  | Occupation                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |   |

|   |   |   |
|---|---|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>MR GREGORY PUGHE   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |
| Mailing Address 107 E HILL AVE APT 5  |   | <b>Transaction ID:</b> 15572766                               |
| City GALLUP   | State NM                                  | Zip Code 87301-6260   |
| Amount of Each Receipt this Period<br>50.00   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer<br>MEDICAL CONTRACTORS INC   | Occupation<br>RADIOGRAPHER- CAT SCAN SPEC |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00        |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 130.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

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

FOR LINE NUMBER: PAGE 96 / 139

(check only one)

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

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

|  |   |  |
|--|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>MR RON REEVES</p>   |   | <p>Date of Receipt<br/>M M / D D / Y Y Y Y Y<br/>0 5 / 2 5 / 2 0 0 6</p> |
| <p>Mailing Address PO BOX 562</p>  |   | <p><b>Transaction ID:</b> 15572786</p>                                   |
| <p>City State Zip Code<br/>TUSTIN CA 92781-0562</p>  | <p>Amount of Each Receipt this Period<br/>30.00</p> |  |
| <p>FEC ID number of contributing federal political committee. <b>C</b></p>   |   |  |
| <p>Name of Employer</p>  | <p>Occupation</p>                                   |  |
| <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p>Aggregate Year-to-Date ▼<br/>210.00</p>          |  |

|  |   |  |
|--|---|--|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MR M D GESKE</p>  |   | <p>Date of Receipt<br/>M M / D D / Y Y Y Y Y<br/>0 5 / 2 5 / 2 0 0 6</p> |
| <p>Mailing Address 4694 STATE HWY E</p>  |   | <p><b>Transaction ID:</b> 15572788</p>                                   |
| <p>City State Zip Code<br/>MATTHEWS MO 63867-9163</p>  | <p>Amount of Each Receipt this Period<br/>50.00</p> |  |
| <p>FEC ID number of contributing federal political committee. <b>C</b></p>   |   |  |
| <p>Name of Employer<br/>SELF EMPLOYED</p>  | <p>Occupation<br/>FARMER</p>                        |  |
| <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p>Aggregate Year-to-Date ▼<br/>220.00</p>          |  |

|  |   |  |
|--|---|--|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>O WALT MCCLELLAND</p>   |   | <p>Date of Receipt<br/>M M / D D / Y Y Y Y Y<br/>0 5 / 2 5 / 2 0 0 6</p> |
| <p>Mailing Address 6126 IMPERIAL DR</p>  |   | <p><b>Transaction ID:</b> 15572827</p>                                   |
| <p>City State Zip Code<br/>PANAMA CITY FL 32404-7920</p>   | <p>Amount of Each Receipt this Period<br/>60.00</p> |  |
| <p>FEC ID number of contributing federal political committee. <b>C</b></p>   |   |  |
| <p>Name of Employer<br/>US AIR FORCE</p>   | <p>Occupation<br/>RETIRED</p>                       |  |
| <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p>Aggregate Year-to-Date ▼<br/>250.00</p>          |  |

**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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 97 / 139                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MR ROBERT F LINDNER, III</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |  |
| Mailing Address 9430 S 15TH AVE   |   | <b>Transaction ID: 15572832</b>                               |  |
| City State Zip Code<br>OAK CREEK WI 53154-4710  | Amount of Each Receipt this Period<br>20.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>CITY OF SOUTH MILWAUKEE   | Occupation<br>FIREFIGHTER/PARAMEDIC         |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00          |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MR KENNETH J KENDALL</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |  |
| Mailing Address 3875 SUMMER GROVE WAY N   |   | <b>Transaction ID: 15572871</b>                               |  |
| City State Zip Code<br>JACKSONVILLE FL 32257-8878   | Amount of Each Receipt this Period<br>50.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>INTL PAPER CO   | Occupation<br>BUS SYS SPCLST                |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00          |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MR MARK CROWTHER</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 3 0 / 2 0 0 6 |  |
| Mailing Address 3860 CANNONWOLDE DR   |  | <b>Transaction ID: 15572945</b>                               |  |
| City State Zip Code<br>SNELLVILLE GA 30039-5129   | Amount of Each Receipt this Period<br>100.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer  | Occupation                                   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>255.00           |   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 170.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 139  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR CHRISTOPH D PEPE

Mailing Address PO BOX 133

City State Zip Code  
PROSPECT NY 13435-0133

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
05 / 30 / 2006

Transaction ID: 15573006

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
ANDREW C RYAN

Mailing Address 8238 S 100TH EAST PL

City State Zip Code  
TULSA OK 74133-4544

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

Name of Employer Occupation  
ODYSSEY ENERGY SERVICES, LLC FINANCIAL ANALYST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 30 / 2006

Transaction ID: 15573062

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
R E BRANDOM

Mailing Address PO BOX 33602

City State Zip Code  
RENO NV 89533-3602

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
05 / 30 / 2006

Transaction ID: 15573155

Amount of Each Receipt this Period  
100.00

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 139  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
0 DENNIS M HINES

Mailing Address 5974 BLUEHILL AVE

City State Zip Code  
LAS VEGAS NV 89156

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

**Transaction ID: 15573262**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR FITZHUGH K POWELL

Mailing Address PO BOX 41490

City State Zip Code  
JACKSONVILLE FL 32203-1490

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

Name of Employer Occupation  
CECIL W. POWELL & CO. INSURANCE SALES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

**Transaction ID: 15573278**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
0 NORMAN T BLACK

Mailing Address PO BOX 1645

City State Zip Code  
FALLON NV 89407-1645

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

Name of Employer Occupation  
US NAVY RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

**Transaction ID: 15573307**

Amount of Each Receipt this Period  
140.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 340.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 100 / 139 |
|  | <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.** Full Name (Last, First, Middle Initial)  
MR GREGORY THOMAS

Mailing Address 946 HAWTHORNE LN

City State Zip Code  
KANKAKEE IL 60901-4621

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

Name of Employer Occupation  
PEDDINGHAUS CORP FIELD TECHNICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

**Transaction ID: 15573369**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR GARY W W LE DUC

Mailing Address 5830 VISTA DEL CABALLERO

City State Zip Code  
RIVERSIDE CA 92509-6439

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

Name of Employer Occupation  
SATCOM US AIRFORCCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

**Transaction ID: 15573386**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
DR W. EMERY REYNOLDS, M.D.

Mailing Address 4120 W MEMORIAL RD STE 208

City State Zip Code  
OKLAHOMA CITY OK 73120-9322

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

**Transaction ID: 15573396**

Amount of Each Receipt this Period  
500.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 650.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 JERRY BAUSMAN

Mailing Address PO BOX 7112

City State Zip Code  
BONNEY LAKE WA 98391-0901

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
05 / 30 / 2006

Transaction ID: 15573430

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
0 JERRY SUTTON

Mailing Address 1701 DR. BLAIR RD

City State Zip Code  
MARSHVILLE NC 28103-1309

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
05 / 30 / 2006

Transaction ID: 15573566

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR MATHEW J RENO

Mailing Address PO BOX 399

City State Zip Code  
GILLETTE WY 82717-0399

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

Name of Employer Occupation  
FLOYD C RENO & SONS INC RANCH MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
05 / 30 / 2006

Transaction ID: 15573920

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 102 / 139               |
|  | <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.** Full Name (Last, First, Middle Initial)  
0 REVERE SAMPSON

Mailing Address 19 GALENA PL

City State Zip Code  
MOUND HOUSE NV 89706-7052

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

Transaction ID: 15573932

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
0 JOHN W NEDOROSCIK, JR

Mailing Address 137 WORNALL DR

City State Zip Code  
SANFORD FL 32771-7759

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 0 6

Transaction ID: 15574042

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
RICHARD J WEIS

Mailing Address 8237 RIDGEWAY AVE

City State Zip Code  
SKOKIE IL 60076-3319

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

Name of Employer Occupation  
WALGREENS CO. GROCERY DEPT MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 0 6

Transaction ID: 15574184

Amount of Each Receipt this Period  
75.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 195.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 103 / 139 |
|  | <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

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ANTHONY J WERDERITSCH</b> |   | Date of Receipt<br>MM / DD / YYYY<br>05 / 24 / 2006 |
| Mailing Address 6371 SALINE ANN ARBOR RD                                   |   | <b>Transaction ID: 15574201</b>                     |
| City SALINE State MI Zip Code 48176-8806                                   | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer ADMINISTRATIVE CONTROLS MGMT I Occupation VICE PRESIDENT  | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MR GERALD C C OPPERMANN</b> |   | Date of Receipt<br>MM / DD / YYYY<br>05 / 24 / 2006 |
| Mailing Address 2917 KENTUCKY AVE N  |   | <b>Transaction ID: 15574268</b>                     |
| City MINNEAPOLIS State MN Zip Code 55427-2906                                | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>75.00         |
| Name of Employer EATON CORP Occupation OFFICE CLERK                          | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00                  |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. 0 FREDERICK HALL</b> |   | Date of Receipt<br>MM / DD / YYYY<br>05 / 24 / 2006 |
| Mailing Address 4435 E HARVARD DR                                     |   | <b>Transaction ID: 15574332</b>                     |
| City HERNANDO State FL Zip Code 34442-0978                            | FEC ID number of contributing federal political committee. <b>C</b>   | Amount of Each Receipt this Period<br>150.00        |
| Name of Employer Occupation RETIRED                                   | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>375.00                  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>725.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 104 / 139               |
|  | <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

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>MR ALLEN J HERSHBERGER   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6 |
| Mailing Address 15549 PATCH RD  |  | <b>Transaction ID:</b> 15574398                               |
| City MIDDLEFIELD State OH Zip Code 44062-9228   | Amount of Each Receipt this Period<br>100.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer SELF EMPLOYED Occupation CARPENTER   | Aggregate Year-to-Date ▼<br>400.00           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|   |   |   |
|---|---|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>MR KENNETH P P HASENBEIN   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6 |
| Mailing Address 2205 WINDSOR CT   |   | <b>Transaction ID:</b> 15574457                               |
| City MARION State IA Zip Code 52302-6100  | Amount of Each Receipt this Period<br>50.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |
| Name of Employer US AIR FORCE Occupation OFFICER  | Aggregate Year-to-Date ▼<br>240.00          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>MR ED WALSH  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6 |
| Mailing Address 1112 BELVEDERE RD   |  | <b>Transaction ID:</b> 15574535                               |
| City BOOTHWYN State PA Zip Code 19061-1523  | Amount of Each Receipt this Period<br>500.00 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer Occupation RETIRED   | Aggregate Year-to-Date ▼<br>2300.00          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 650.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

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

FOR LINE NUMBER: PAGE 105 / 139  
(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.** Full Name (Last, First, Middle Initial)  
0 DAVE BRANDON

Mailing Address 5140 BROCKINTON CT SW

City State Zip Code  
LILBURN GA 30047-5383

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 4 / 2 0 0 6

**Transaction ID:** 15574556

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR RONALD P P MAIER

Mailing Address 58 HORSE FENCE HILL RD

City State Zip Code  
SOUTHBURY CT 06488-2186

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

Name of Employer Occupation  
SELF EMPLOYEED VETERINARIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 4 / 2 0 0 6

**Transaction ID:** 15574568

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MR JOSEPH G BARRY

Mailing Address 320 OBIE RD

City State Zip Code  
NEWMANSTOWN PA 17073-9209

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 4 / 2 0 0 6

**Transaction ID:** 15574580

Amount of Each Receipt this Period  
50.00

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>350.00</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>33524.99</b> |

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

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

FOR LINE NUMBER: (check only one)

PAGE 106 / 139

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
Credit Card Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 15150267

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

193.97

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. Wachovia - Account Analysis**

Mailing Address P.O. Box 2080

City Jacksonville State FL Zip Code 32231

Purpose of Disbursement  
Account Analysis Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 15150271

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

1702.39

Account Analysis Fee

Full Name (Last, First, Middle Initial)

**C. Image Direct, LLC**

Mailing Address 4600 Wedgewood Blvd, Unit N

City Frederick State MD Zip Code 21703

Purpose of Disbursement  
NRA-PVF Fundraising Postage

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 14260810

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

66005.96

NRA-PVF Fundraising Postage

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

67902.32

**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)

PAGE 107 / 139

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Image Direct, LLC</b>   |  | Transaction ID: 14741648<br>Date of Disbursement<br>MM / DD / YYYY<br>05 / 24 / 2006 |  |
| Mailing Address 4600 Wedgewood Blvd, Unit N  |  | Amount of Each Disbursement this Period<br>66413.79                                  |  |
| City Frederick State MD Zip Code 21703   | Purpose of Disbursement<br>NRA-PVF Fundraising Postage   | Category/Type<br>003   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | NRA-PVF Fundraising Postage  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank of America</b>   |  | Transaction ID: 15150274<br>Date of Disbursement<br>MM / DD / YYYY<br>05 / 31 / 2006 |  |
| Mailing Address 1500 St. Louis Avenue  |  | Amount of Each Disbursement this Period<br>25.00                                     |  |
| City St. Louis State MO Zip Code 63106   | Purpose of Disbursement<br>Account Analysis Fee  | Category/Type<br>001   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Account Analysis Fee   |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of the West</b>  |  | Transaction ID: 15150273<br>Date of Disbursement<br>MM / DD / YYYY<br>05 / 31 / 2006 |  |
| Mailing Address 224 Box Butte Avenue   |  | Amount of Each Disbursement this Period<br>12.00                                     |  |
| City Alliance State NE Zip Code 69301  | Purpose of Disbursement<br>Account Analysis Fee  | Category/Type<br>001   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Account Analysis Fee   |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 66450.79 |
| <b>TOTAL</b> 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)

PAGE 108 / 139

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 15150268

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

1593.01

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B.** Bank of America - NY

Mailing Address 671 County Route 1

City Pine Island State NY Zip Code 10969

Purpose of Disbursement  
Account Analysis Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 15150272

Date of Disbursement

05 / 15 / 2006

Amount of Each Disbursement this Period

1.93

Account Analysis Fee

Full Name (Last, First, Middle Initial)

**C.** Wachovia Bank

Mailing Address 10501 Main Street

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Credit Card Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 15150269

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

54.13

Credit Card Fees

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

1649.07

**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)

PAGE 109 / 139

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

**A. Wachovia Bank**

Mailing Address 10501 Main Street

City State Zip Code  
Fairfax VA 22030

Purpose of Disbursement  
Credit Card Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 15150270

Date of Disbursement

05 / 02 / 2006

Amount of Each Disbursement this Period

169.42

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. Communications Corporation of America**

Mailing Address 13195 Freedom Way

City State Zip Code  
Boston VA 22713

Purpose of Disbursement  
NRA-PVF Fundraising Printing & Mailing

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 14741645

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

40198.37

NRA-PVF Fundraising Printing & Mailing

Full Name (Last, First, Middle Initial)

**C. AB&C Group, Inc.**

Mailing Address One Executive Way

City State Zip Code  
Forrester Center WV 25438-1070

Purpose of Disbursement  
Lockbox Service Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 14358892

Date of Disbursement

05 / 08 / 2006

Amount of Each Disbursement this Period

12344.30

Lockbox Service Fees

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

52712.09

**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)

PAGE 110 / 139

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

**A.** AB&C Group, Inc.

Mailing Address One Executive Way

City State Zip Code  
Forrester Center WV 25438-1070

Purpose of Disbursement  
Lockbox Service Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 14752290

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

15233.49

Lockbox Service Fees

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

15233.49

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

203947.76

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 111 / 139

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends Of Bud Cramer</b>   |   | <b>Transaction ID:</b> 14401373<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6   |
| Mailing Address P.O. Box 2621  |   | Amount of Each Disbursement this Period<br>1000.00   |
| City Huntsville State AL Zip Code 35804  | Purpose of Disbursement<br>011<br>Category/Type |  |
| Candidate Name<br>Rep. Robert E. Cramer, Jr.   |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AL District: 5 |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jeff Flake For Congress</b>   |   | <b>Transaction ID:</b> 14414044<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6   |
| Mailing Address PO Box 21447   |   | Amount of Each Disbursement this Period<br>1000.00   |
| City Mesa State AZ Zip Code 85277  | Purpose of Disbursement<br>011<br>Category/Type |  |
| Candidate Name<br>Mr. Jeffry Flake   |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 1 |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. John T. Doolittle For Congress</b>  |   | <b>Transaction ID:</b> 14405399<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6   |
| Mailing Address 2150 River Plaza Dr. #150  |   | Amount of Each Disbursement this Period<br>2950.00   |
| City Sacramento State CA Zip Code 95833  | Purpose of Disbursement<br>011<br>Category/Type |  |
| Candidate Name<br>Rep. John T. Doolittle   |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 4 |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4950.00 |
| <b>TOTAL</b> 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)

PAGE 112 / 139

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Wally Herger For Congress Committee</b>   |  | <b>Transaction ID:</b> 14401446<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address P.O. Box 1500  |  | Amount of Each Disbursement this Period<br>1000.00  |
| City Chico State CA Zip Code 95927   | 011<br>Category/<br>Type   |   |
| Purpose of Disbursement  |  |   |
| Candidate Name<br>Rep. Wally Herger  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 2 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Richard Pombo For Congress</b>   |  | <b>Transaction ID:</b> 14401463<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 2150 River Plaza Dr. #150 Suite 1560  |  | Amount of Each Disbursement this Period<br>2450.00  |
| City Sacramento State CA Zip Code 95833   | 011<br>Category/<br>Type   |   |
| Purpose of Disbursement   |  |   |
| Candidate Name<br>Rep. Richard W. Pombo   |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 11 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. NRA Institute for Legislative Action</b>  |  | <b>Transaction ID:</b> 14836193<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 3 0 / 2 0 0 6 |
| Mailing Address 11250 Waples Mill Road   |  | Amount of Each Disbursement this Period<br>216.50   |
| City Fairfax State VA Zip Code 22030   | 011<br>Category/<br>Type   |   |
| Purpose of Disbursement<br>In Kind - NRA Logo Items  |  |   |
| Candidate Name<br>Rep. Wally Herger  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 2 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3666.50</b> |
| <b>TOTAL</b> 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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

|   |  |   |
|---|--|---|
| <p><b>A. Prolist Inc.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 8341 Beechcraft Avenue</p> <p>City Gaithersburg State MD Zip Code 20879-1509</p> <p>Purpose of Disbursement In Kind - Packing &amp; Shipping Fees</p> <p>Candidate Name Rep. Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 2</p> |  | <p>Transaction ID: 14837276</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="208.91"/></p> <p>In Kind - Packing &amp; Shipping Fees</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>   |  | <p>Category/Type</p> <p><input type="text" value="011"/></p>  |

|  |  |   |
|--|--|---|
| <p><b>B. Coloradans For Rick Odonnell</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 260693</p> <p>City Lakewood State CO Zip Code 80226</p> <p>Purpose of Disbursement</p> <p>Candidate Name Mr. Richard Odonnell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 7</p> |  | <p>Transaction ID: 14405401</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>  |  | <p>Category/Type</p> <p><input type="text" value="011"/></p>  |

|  |  |   |
|--|--|---|
| <p><b>C. Simmons For Congress</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 268 Drawer 271</p> <p>City Stonington State CT Zip Code 06378</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Robert R. Simmons</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 2</p> |  | <p>Transaction ID: 14401795</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>  |  | <p>Category/Type</p> <p><input type="text" value="011"/></p>  |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="2208.91"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                 |

**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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Tiaht For Congress</b>  |  | <b>Transaction ID:</b> 14401805<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 2250 N Rock Rd #118 A  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Wichita State KS Zip Code 67226   | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement  |  |  |
| Candidate Name<br>Rep. Todd Tiaht  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: KS District: 4 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ron Lewis For Congress</b>  |  | <b>Transaction ID:</b> 14404898<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 307   |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Elizabethtown State KY Zip Code 42702   | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement  |  |  |
| Candidate Name<br>Rep. Ron Lewis   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: KY District: 2 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Trent Lott For Mississippi</b>  |  | <b>Transaction ID:</b> 14401521<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 22824   |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Jackson State MS Zip Code 39225   | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement  |  |  |
| Candidate Name<br>Sen. Trent Lott  |  |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MS District: 2 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00 |
| <b>TOTAL</b> 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)

PAGE 115 / 139

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

|  |  |  |
|--|--|--|
| <p><b>A. Chuck Espy For Congress</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Chuck Espy For Congress</p> <p>Mailing Address PO Box 1508</p> <p>City Clarksdale State MS Zip Code 38614</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Mr. Chuck Espy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MS District: 2</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>              |  | <p><b>Transaction ID:</b> 14401562</p> <p>Date of Disbursement<br/>05 / 10 / 2006</p> <p>Amount of Each Disbursement this Period<br/>4950.00</p> |
| <p><b>B. Adrian Smith For Congress</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Adrian Smith For Congress</p> <p>Mailing Address 3321 Avenue I Suite 6</p> <p>City Scottsbluff State NE Zip Code 69361</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Adrian Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NE District: 3</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID:</b> 14237853</p> <p>Date of Disbursement<br/>05 / 03 / 2006</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> |
| <p><b>C. Garrett For Congress</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Garrett For Congress</p> <p>Mailing Address PO Box 905</p> <p>City Newton State NJ Zip Code 07860</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name E Scott Garrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NJ District: 5</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                        |  | <p><b>Transaction ID:</b> 14401641</p> <p>Date of Disbursement<br/>05 / 10 / 2006</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |

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

8450.00

**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"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. People With Hart Inc</b>  |  | <b>Transaction ID:</b> 14401675<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address P.O. Box 435   |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Wexford State PA Zip Code 15090   | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement  |  |  |
| Candidate Name<br>Rep. Melissa A. Hart   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 4 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends Of Congressman Tim Holden</b>  |  | <b>Transaction ID:</b> 14401829<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 18 N. Second Street PO Box 37<br>PO Box 37  |  | Amount of Each Disbursement this Period<br>1500.00   |
| City Saint Clair State PA Zip Code 17970  | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement   |  |  |
| Candidate Name<br>Rep. Tim Holden   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 17 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jim Gerlach For Congress Committee</b>  |  | <b>Transaction ID:</b> 14401720<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 87  |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Uwchland State PA Zip Code 19480  | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement  |  |  |
| Candidate Name<br>Mr. Jim Gerlach  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 6 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3500.00 |
| <b>TOTAL</b> 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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Matheson For Congress</b>  |  | <b>Transaction ID:</b> 14235697<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 0 3 / 2 0 0 6 |
| Mailing Address 677 South 200 West<br>Suite A   |  | Amount of Each Disbursement this Period<br>950.00  |
| City Salt Lake City      State UT      Zip Code 84101   |  |  |
| Purpose of Disbursement   |  | 011<br>Category/<br>Type   |
| Candidate Name<br>Rep. James D. Matheson  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: UT      District: 2  |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Alliance for the West</b>   |  | <b>Transaction ID:</b> 14400946<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address P.O. Box 26366   |  | Amount of Each Disbursement this Period<br>1500.00   |
| City Alexandria      State VA      Zip Code 22302  |  |  |
| Purpose of Disbursement  |  | 011<br>Category/<br>Type   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:      District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends Of Dave Reichert</b>   |  | <b>Transaction ID:</b> 14414484<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address P. O. Box 53322   |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Bellevue      State WA      Zip Code 98015   |  |  |
| Purpose of Disbursement   |  | 011<br>Category/<br>Type   |
| Candidate Name<br>Rep. David George Reichert  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: WA      District: 8  |  |  |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3450.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <b>29225.41</b> |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Prestige Advertising Specialties</b>   |  | <b>Transaction ID:</b> 14924725<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 3 0 / 2 0 0 6   |
| Mailing Address 17941 Dumfries Circle   |  | Amount of Each Disbursement this Period<br>2623.24   |
| City Olney State MD Zip Code 20832  | Independent Expenditure -<br>Bumper Stickers |  |
| Purpose of Disbursement<br>Independent Expenditure - Bumper Sticker   |  | 011<br>Category/<br>Type   |
| Candidate Name<br>Bob Riley   |  | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AL District: |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Colorado Senate Republican Majority Fund</b>  |  | <b>Transaction ID:</b> 14419168<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6                              |
| Mailing Address P.O. Box 101240  |  | Amount of Each Disbursement this Period<br>300.00   |
| City Denver State CO Zip Code 80250  | Independent Expenditure -<br>Bumper Stickers |   |
| Purpose of Disbursement  |  | 011<br>Category/<br>Type  |
| Candidate Name   |  | Disbursement For: 2006<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |   |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of Thurman G. Adams</b>  |                                     | <b>Transaction ID:</b> 14401832<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6   |
| Mailing Address P.O. Box 367  |                                     | Amount of Each Disbursement this Period<br>100.00  |
| City Bridgeville State DE Zip Code 19933  | Thurman Adams, STATE SENA-<br>TE DE |  |
| Purpose of Disbursement<br>Thurman Adams, STATE SENATE DE   |                                     | 011<br>Category/<br>Type   |
| Candidate Name<br>Thurman G. Adams  |                                     | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: DE District: 19 |                                     |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3023.24 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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

|  |  |   |
|--|--|---|
| <p><b>A.</b> Cook for Senate Committee</p> <p>Full Name (Last, First, Middle Initial)<br/>Cook for Senate Committee</p> <p>Mailing Address P.O. Box 127</p> <p>City Kenton State DE Zip Code 19955</p> <p>Purpose of Disbursement<br/>NANCY W. COOK, STATE SENATE DE</p> <p>Candidate Name<br/>NANCY W. COOK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: DE District: 15</p> <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                               |  | <p><b>Transaction ID:</b> 14401850<br/><b>Date of Disbursement:</b><br/>05 / 10 / 2006</p> <p>Amount of Each Disbursement this Period<br/>100.00</p> <p>NANCY W. COOK, STATE SENATE DE</p>      |
| <p><b>B.</b> Committee to Elect Bruce Ennis</p> <p>Full Name (Last, First, Middle Initial)<br/>Committee to Elect Bruce Ennis</p> <p>Mailing Address 522 Smyrna/Clayton Blvd.</p> <p>City Smyrna State DE Zip Code 19977</p> <p>Purpose of Disbursement<br/>BRUCE C. ENNIS, STATE HOUSE 28th DE</p> <p>Candidate Name<br/>BRUCE C. ENNIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: DE District: 28</p> <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   |  | <p><b>Transaction ID:</b> 14417332<br/><b>Date of Disbursement:</b><br/>05 / 10 / 2006</p> <p>Amount of Each Disbursement this Period<br/>100.00</p> <p>BRUCE C. ENNIS, STATE HOUSE 28th DE</p> |
| <p><b>C.</b> Committee to Elect Dave McBride</p> <p>Full Name (Last, First, Middle Initial)<br/>Committee to Elect Dave McBride</p> <p>Mailing Address 7 Nicole Court, Hawks Nest</p> <p>City New Castle State DE Zip Code 19720</p> <p>Purpose of Disbursement<br/>DAVID MCBRIDE, STATE SENATE DE</p> <p>Candidate Name<br/>DAVID MCBRIDE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: DE District: 13</p> <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID:</b> 14401858<br/><b>Date of Disbursement:</b><br/>05 / 10 / 2006</p> <p>Amount of Each Disbursement this Period<br/>100.00</p> <p>DAVID MCBRIDE, STATE SENATE DE</p>      |

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

300.00

**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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Committee to Elect Vaughn</b>  |  | Transaction ID: 14401908<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 201 Washington Avenue   |  | Amount of Each Disbursement this Period<br>100.00  |
| City Clayton State DE Zip Code 19938  | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement<br>JAMES T. VAUGHN, STATE SENATE DE   |  |  |
| Candidate Name<br>JAMES T. VAUGHN   |  |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: DE District: 14 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | JAMES T. VAUGHN, STATE SE-<br>NATE DE  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Committee to Elect Gerry Sweet</b>   |  | Transaction ID: 14403507<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 3122 N. Sunny Side Avenue   |  | Amount of Each Disbursement this Period<br>500.00  |
| City Meridian State ID Zip Code 83642   | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement<br>Gerry Sweet, STATE SENATE ID   |  |  |
| Candidate Name<br>Gerry Sweet   |  |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ID District: 20 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Gerry Sweet, STATE SENATE<br>ID  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Committee to Elect Rod Beck</b>  |  | Transaction ID: 14402721<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 4257 N. Tattenham Way   |  | Amount of Each Disbursement this Period<br>500.00  |
| City Boise State ID Zip Code 83713  | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement<br>Rod Beck, STATE SENATE ID  |  |  |
| Candidate Name<br>Rod Beck  |  |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ID District: 14 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Rod Beck, STATE SENATE ID  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1100.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Russell M. Fulcher for Senate  |  | <b>Transaction ID:</b> 14403355<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 4035 S. Linder Road   |  | Amount of Each Disbursement this Period<br>500.00  |
| City Meridian State ID IL Zip Code 83642  | Purpose of Disbursement<br>Russell Fulcher, STATE SENATE ID<br>Candidate Name<br>ID Sen. Russell Fulcher<br>Category/Type<br>011                     |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ID District: 21 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Russell Fulcher, STATE SENATE ID   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Brandon Phelps for State Representative  |  | <b>Transaction ID:</b> 14403620<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address P.O. Box 401  |  | Amount of Each Disbursement this Period<br>500.00  |
| City Harrisburg State ID IL Zip Code 62946-0401   | Purpose of Disbursement<br>Brandon Phelps, STATE HOUSE 118th IL<br>Candidate Name<br>IL Rep. Brandon Phelps<br>Category/Type<br>011                  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 11 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Brandon Phelps, STATE HOUSE 118th IL   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Johnny Nugent Victory Team   |  | <b>Transaction ID:</b> 14403991<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 920 Pribble Circle  |  | Amount of Each Disbursement this Period<br>500.00  |
| City Lawrenceburg State ID IN Zip Code 47025  | Purpose of Disbursement<br>JOHN NUGENT, STATE SENATE IN<br>Candidate Name<br>JOHN NUGENT<br>Category/Type<br>011                                     |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 43 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | JOHN NUGENT, STATE SENATE IN   |

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

1500.00

**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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Committee to Elect Senator Michelle McManus</b>  |  | <b>Transaction ID: 14419164</b><br>Date of Disbursement<br>05 / 10 / 2006 |
| Mailing Address P.O. Box 11006  |  | Amount of Each Disbursement this Period<br>100.00                         |
| City Lansing State MI Zip Code 48901  | Michelle McManus, STATE SENATE MI  |   |
| Purpose of Disbursement<br>Michelle McManus, STATE SENATE MI  |  |   |
| Candidate Name<br>Michelle McManus  |  |   |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 35 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>2006 MI Primary Elec |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Michigan House Republican Campaign Committee</b>                                    |  | <b>Transaction ID: 14419169</b><br>Date of Disbursement<br>05 / 10 / 2006 |
| Mailing Address P.O. Box 15035   |  | Amount of Each Disbursement this Period<br>1000.00                        |
| City Lansing State MI Zip Code 48901   |  |   |
| Purpose of Disbursement  |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of John J. Gleason</b>   |  | <b>Transaction ID: 14418271</b><br>Date of Disbursement<br>05 / 10 / 2006 |
| Mailing Address 604 Leland Street   |  | Amount of Each Disbursement this Period<br>150.00                         |
| City Flushing State MI Zip Code 48433   |  |   |
| Purpose of Disbursement<br>John Gleason, STATE HOUSE 48th MI  |  |   |
| Candidate Name<br>MI Rep. John Gleason  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 48 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>2006 MI Primary Elec |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 1250.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Keith Bales for Senate</b> |   | Transaction ID: 14741693<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6   |   |
| Mailing Address HC 39 Box 33  |   | Amount of Each Disbursement this Period<br>130.00  |   |
| City Otter<br>State MT<br>Zip Code 59062                                    | Purpose of Disbursement<br>KEITH BALES, STATE SENATE MT<br>Candidate Name<br>KEITH BALES<br>Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MT District: 20 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 011<br>Category/<br>Type<br>KEITH BALES, STATE SENATE<br>MT |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Weldon J. Birdwell</b> |  | Transaction ID: 14741762<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6   |   |
| Mailing Address P.O. Box 10  |  | Amount of Each Disbursement this Period<br>130.00  |   |
| City Billings<br>State MT<br>Zip Code 59103  | Purpose of Disbursement<br>Weldon Birdwell, STATE HOUSE 56th MT<br>Candidate Name<br>Weldon J. Birdwell<br>Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MT District: 56 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 011<br>Category/<br>Type<br>Weldon Birdwell, STATE HO-<br>USE 56th MT |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. John Balyeat for House District 100</b> |  | Transaction ID: 14741742<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6   |   |
| Mailing Address 4879 Scott Allen Drive   |  | Amount of Each Disbursement this Period<br>130.00  |   |
| City Missoula<br>State MT<br>Zip Code 59803  | Purpose of Disbursement<br>John Balyeat, STATE HOUSE 100th MT<br>Candidate Name<br>John Balyeat<br>Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MT District: 10 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 011<br>Category/<br>Type<br>John Balyeat, STATE HOUSE<br>100th MT |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 390.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Blasdel for House District #10</b> |   | Transaction ID: 14741771<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6   |  |
| Mailing Address P.O. Box 291  |   | Amount of Each Disbursement this Period<br>130.00  |  |
| City Somers<br>State MT<br>Zip Code 59932   | Purpose of Disbursement<br>Mark Blasdel, STATE HOUSE 10th MT<br>Candidate Name<br>Mark Blasdel<br>Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MT District: 10 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type<br>011<br>Mark Blasdel, STATE HOUSE<br>10th MT |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Families First</b> |   | Transaction ID: 14741784<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6   |   |
| Mailing Address 545 Beverly Hill Boulevard                          |   | Amount of Each Disbursement this Period<br>130.00  |   |
| City Billings<br>State MT<br>Zip Code 59102                         | Purpose of Disbursement<br>Michael Brockie, STATE HOUSE 51st MT<br>Candidate Name<br>Michael Brockie<br>Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MT District: 51 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type<br>011<br>Michael Brockie, STATE HO-<br>USE 51st MT |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Elect Essmann to State Senate 28</b> |   | Transaction ID: 14741786<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6   |  |
| Mailing Address P.O. Box 80945  |   | Amount of Each Disbursement this Period<br>130.00  |  |
| City Billings<br>State MT<br>Zip Code 59108   | Purpose of Disbursement<br>Jeff Essmann, STATE SENATE MT<br>Candidate Name<br>MT Sen. Jeff Essmann<br>Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MT District: 28 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/<br>Type<br>011<br>Jeff Essmann, STATE SENATE<br>MT |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 390.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Jackson for Senate</b>  |  | <b>Transaction ID:</b> 14741808<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6 |
| Mailing Address 555 Wagner Lane  |  | Amount of Each Disbursement this Period<br>130.00  |
| City Kalispell State MT Zip Code 59901   | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement<br>Verdell Jackson, STATE HOUSE 05th MT  |  |  |
| Candidate Name<br>Representative Verdell Jackson   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: 5 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Verdell Jackson, STATE HO-<br>USE 05th MT  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Bill Jones</b>   |  | <b>Transaction ID:</b> 14741847<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6 |
| Mailing Address 340 West Center Street   |  | Amount of Each Disbursement this Period<br>130.00  |
| City Kalispell State MT Zip Code 59901   | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement<br>William Jones, STATE HOUSE 09th MT  |  |  |
| Candidate Name<br>MT Rep. William Jones  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: 9 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | William Jones, STATE HOUSE<br>09th MT  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Montana Committee to Call Ryker to HD 13</b>   |  | <b>Transaction ID:</b> 14741851<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6 |
| Mailing Address P.O. Box 92   |  | Amount of Each Disbursement this Period<br>130.00  |
| City Noxon State MT Zip Code 59853  | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement<br>Ryker Kern, STATE HOUSE 13th MT  |  |  |
| Candidate Name<br>Ryker Ridge Kern  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: 13 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Ryker Kern, STATE HOUSE<br>13th MT   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 390.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Lloyd Kilcrease for House District 97</p> <p>Mailing Address 1017 Patty Ann Drive</p>                           |   | <p><b>Transaction ID:</b> 14741856<br/><b>Date of Disbursement</b><br/> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>6</td><td></td> </tr> </table> </p> | M   | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 4 |  | 2 | 0 | 6 |  |
| M  | M   | /   | D   | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |  |
| 0  | 5   |   | 2   | 4 |   | 2 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| <p>City State Zip Code<br/>Missoula MT 59804</p>   | <p>Purpose of Disbursement<br/>Lloyd Kilcrease, STATE HOUSE 97th MT</p>   | <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td>130.00</td> </tr> </table> </p>   | 130.00                                      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| 130.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| <p>Candidate Name<br/>Lloyd Kilcrease</p>  | <p>Category/Type<br/> <table border="1"> <tr> <td>011</td> </tr> </table> </p>  | 011   | <p>Lloyd Kilcrease, STATE HOUSE 97th MT</p> |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| 011  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: MT District: 97</p> | <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |

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|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Lang for House District 54</p> <p>Mailing Address P.O. Box 1952</p>   |   | <p><b>Transaction ID:</b> 14741859<br/><b>Date of Disbursement</b><br/> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>6</td><td></td> </tr> </table> </p> | M                                      | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 4 |  | 2 | 0 | 6 |  |
| M  | M   | /   | D                                      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |  |
| 0  | 5   |   | 2                                      | 4 |   | 2 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| <p>City State Zip Code<br/>Billings MT 59103</p>   | <p>Purpose of Disbursement<br/>Keith Lang, STATE HOUSE 54th MT</p>  | <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td>130.00</td> </tr> </table> </p>   | 130.00                                 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| 130.00   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| <p>Candidate Name<br/>Keith Lang</p>   | <p>Category/Type<br/> <table border="1"> <tr> <td>011</td> </tr> </table> </p>  | 011   | <p>Keith Lang, STATE HOUSE 54th MT</p> |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| 011  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: MT District: 54</p> | <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |   |  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |

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|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Nick Lawyer</p> <p>Mailing Address P.O. Box 1096</p>   |   | <p><b>Transaction ID:</b> 14741883<br/><b>Date of Disbursement</b><br/> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>6</td><td></td> </tr> </table> </p> | M                                       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 4 |  | 2 | 0 | 6 |  |
| M  | M   | /   | D                                       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |  |
| 0  | 5   |   | 2                                       | 4 |   | 2 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| <p>City State Zip Code<br/>Plains MT 59859</p>   | <p>Purpose of Disbursement<br/>Nick Lawyer, STATE HOUSE 13th MT</p>   | <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td>130.00</td> </tr> </table> </p>   | 130.00                                  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| 130.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| <p>Candidate Name<br/>Nick Lawyer</p>  | <p>Category/Type<br/> <table border="1"> <tr> <td>011</td> </tr> </table> </p>  | 011   | <p>Nick Lawyer, STATE HOUSE 13th MT</p> |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| 011  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: MT District: 13</p> | <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |

|   |                      |
|---|----------------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><b>390.00</b></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                      |

**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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Lukasiak for Legislature</b>   |  | <b>Transaction ID:</b> 14741888<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6 |                          |
| Mailing Address P.O. Box 3272   |  | Amount of Each Disbursement this Period<br>130.00  |                          |
| City State Zip Code<br>Great Falls MT 59403   | Rod Lukasiak, STATE HOUSE<br>26th MT   |  |                          |
| Purpose of Disbursement<br>Rod Lukasiak, STATE HOUSE 26th MT  |  |  | 011<br>Category/<br>Type |
| Candidate Name<br>Rod Lukasiak  |  |  |                          |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MT District: 26 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |

|   |  |  |                          |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Gary MacLaren Campaign</b>   |  | <b>Transaction ID:</b> 14741891<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6 |                          |
| Mailing Address 429 Curlew Orchard Road   |  | Amount of Each Disbursement this Period<br>130.00  |                          |
| City State Zip Code<br>Victor MT 59875  | Gary MacLaren, STATE HOUSE<br>89th MT  |  |                          |
| Purpose of Disbursement<br>Gary MacLaren, STATE HOUSE 89th MT   |  |  | 011<br>Category/<br>Type |
| Candidate Name<br>MT Rep. Gary MacLaren   |  |  |                          |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MT District: 89 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |

|   |  |  |                          |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Jim Peterson for Senate District 15</b>  |  | <b>Transaction ID:</b> 14741896<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6 |                          |
| Mailing Address RR 1, Box 2   |  | Amount of Each Disbursement this Period<br>130.00  |                          |
| City State Zip Code<br>Buffalo MT 59418   | Jim Peterson, STATE SENATE<br>MT   |  |                          |
| Purpose of Disbursement<br>Jim Peterson, STATE SENATE MT  |  |  | 011<br>Category/<br>Type |
| Candidate Name<br>Jim Peterson  |  |  |                          |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: MT District: 15 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 390.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Windham for House District 12</b>  |                                     | <b>Transaction ID:</b> 14741910<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 4 / 2 0 0 6   |
| Mailing Address 894 Finley Point Road   |                                     | Amount of Each Disbursement this Period<br>130.00  |
| City Polson State MT Zip Code 59860   | Jeanne Windham, STATE HOUSE 12nd MT |  |
| Purpose of Disbursement<br>Jeanne Windham, STATE HOUSE 12nd MT  |                                     | 011<br>Category/Type   |
| Candidate Name<br>MT Rep. Jeanne Windham  |                                     | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: 12 |                                     |  |

|  |                    |  |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Diners Club, Inc.</b>   |                    | <b>Transaction ID:</b> 15150241<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 0 9 / 2 0 0 6                         |
| Mailing Address P.O. Box 75824   |                    | Amount of Each Disbursement this Period<br>1218.60   |
| City Charlotte State NC Zip Code 28275   | Legislative Travel |  |
| Purpose of Disbursement<br>Legislative Travel  |                    | 002<br>Category/Type   |
| Candidate Name   |                    | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                    |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Patrick Lyons for Commissioner</b>   |  | <b>Transaction ID:</b> 14405403<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6   |
| Mailing Address P.O. Box 26   |  | Amount of Each Disbursement this Period<br>1000.00   |
| City Cuervo State NM Zip Code 88417   | Patrick Lyons, COMM OF PUBLIC LANDS NM |  |
| Purpose of Disbursement<br>Patrick Lyons, COMM OF PUBLIC LANDS NM   |  | 011<br>Category/Type   |
| Candidate Name<br>Patrick Lyons   |  | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NM District: |  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2348.60     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Fox Young Campaign</b>   |  | <b>Transaction ID:</b> 14404223<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 3108 Dallas Street, NE  |  | Amount of Each Disbursement this Period<br>500.00  |
| City Albuquerque State NM Zip Code 87110  | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement<br>Justine Fox Young, STATE HOUSE 30th NM   |  |  |
| Candidate Name<br>Justine Fox Young   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NM District: 30 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>2006 NM Primary Elec | Justine Fox Young, STATE<br>HOUSE 30th NM  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Committee to Elect Tom Anderson</b>  |  | <b>Transaction ID:</b> 14419165<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 5400 Phoenix, NE Suite 101  |  | Amount of Each Disbursement this Period<br>500.00  |
| City Albuquerque State NM Zip Code 87110  | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement<br>Thomas Anderson, STATE HOUSE 29th NM   |  |  |
| Candidate Name<br>NM Rep. Thomas Anderson   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NM District: 29 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>2006 NM Primary Elec | Thomas Anderson, STATE HO-<br>USE 29th NM  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of Keith Gardner</b>   |  | <b>Transaction ID:</b> 14406381<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 4500 Verde Drive  |  | Amount of Each Disbursement this Period<br>250.00  |
| City Roswell State NM Zip Code 88201  | 011<br>Category/<br>Type   |  |
| Purpose of Disbursement<br>Keith Gardner, STATE HOUSE 66th NM   |  |  |
| Candidate Name<br>NM Rep. Keith Gardner   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NM District: 66 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>2006 NM Primary Elec | Keith Gardner, STATE HOUSE<br>66th NM  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1250.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Friends of Mary Lou Rath</b>   |  | Transaction ID: 14419211<br>Date of Disbursement<br>05 / 10 / 2006                      |
| Mailing Address P.O. Box 1594   |  | Amount of Each Disbursement this Period<br>350.00<br><br>MARY LOU RATH, STATE SENATE NY |
| City<br>Williamsville   | State<br>NY  |   |
| Zip Code<br>14231   | Purpose of Disbursement<br>MARY LOU RATH, STATE SENATE NY  |   |
| Candidate Name<br>MARY LOU RATH   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: NY<br>District: 61   |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Jim Wright</b>  |  | Transaction ID: 14419203<br>Date of Disbursement<br>05 / 10 / 2006                   |
| Mailing Address P.O. Box 704  |  | Amount of Each Disbursement this Period<br>400.00<br><br>JIM WRIGHT, STATE SENATE NY |
| City<br>Watertown   | State<br>NY  |  |
| Zip Code<br>13601   | Purpose of Disbursement<br>JIM WRIGHT, STATE SENATE NY   |  |
| Candidate Name<br>JIM WRIGHT  |  |  |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: NY<br>District: 48   |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Committee to Elect McDonald to the Assembly</b>                                  |  | Transaction ID: 14419213<br>Date of Disbursement<br>05 / 10 / 2006                          |
| Mailing Address P.O. Box 5084   |  | Amount of Each Disbursement this Period<br>250.00<br><br>Roy McDonald, STATE HOUSE 112nd NY |
| City<br>Saratoga Springs  | State<br>NY  |   |
| Zip Code<br>12866   | Purpose of Disbursement<br>Roy McDonald, STATE HOUSE 112nd NY  |   |
| Candidate Name<br>NY Asm. Roy McDonald  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: NY<br>District: 11   |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1000.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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

|  |  |  |
|--|--|--|
| <b>A. Citizens for Brown</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 142<br>City North Syracuse State NY Zip Code 13212<br>Purpose of Disbursement Jeffrey Brown, STATE HOUSE 121st NY<br>Candidate Name NY Asm. Jeffrey Brown<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 12<br>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 14419201<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>500.00<br>Jeffrey Brown, STATE HOUSE<br>121st NY |
|--|--|--|

|   |  |   |
|---|--|---|
| <b>B. Cathy Young for Senate</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 29<br>City Olean State NY Zip Code 14760<br>Purpose of Disbursement Cathy Young, STATE SENATE NY<br>Candidate Name Cathy Young<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 57<br>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 14419200<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>600.00<br>Cathy Young, STATE SENATE<br>NY |
|---|--|---|

|   |  |  |
|---|--|--|
| <b>C. Citizens for Latta Committee</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 300 North Main Street<br>City Bowling Green State OH Zip Code 43402<br>Purpose of Disbursement BOB LATTA, STATE HOUSE 6th OH<br>Candidate Name BOB LATTA<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 6<br>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID:</b> 14407082<br><b>Date of Disbursement:</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>250.00<br>BOB LATTA, STATE HOUSE 6th<br>OH |
|---|--|--|

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1350.00 |
| <b>TOTAL</b> 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)

PAGE 132 / 139

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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. Aslanides for State Representative Committee**

Mailing Address 512 Main Street

City Coshocton State OH Zip Code 43812

Purpose of Disbursement  
James Aslanides, STATE HOUSE 94th OH

Candidate Name  
OH Rep. James Aslanides

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District: 94

Transaction ID: 14406946

Date of Disbursement

05 / 10 / 2006

Amount of Each Disbursement this Period

250.00

James Aslanides, STATE HO-  
USE 94th OH

Full Name (Last, First, Middle Initial)

**B. Zurz Campaign Committee**

Mailing Address 3773 Muirfield Drive

City Uniontown State OH Zip Code 44685

Purpose of Disbursement  
Kimberly Zurz, STATE SENATE OH

Candidate Name  
OH Sen. Kimberly Zurz

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District: 28

Transaction ID: 14419215

Date of Disbursement

05 / 10 / 2006

Amount of Each Disbursement this Period

500.00

Kimberly Zurz, STATE SENA-  
TE OH

Full Name (Last, First, Middle Initial)

**C. Hertz Corporation**

Mailing Address P.O. Box 25485

City Oklahoma City State OK Zip Code 73125

Purpose of Disbursement  
Legislative Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 15150243

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

585.46

Legislative Travel

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

1335.46

**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"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input 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)<br><b>A. Lance William Cargill 2006</b>   |                                       | <b>Transaction ID: 14407163</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |  |
| Mailing Address P.O. Box 476  |                                       | Amount of Each Disbursement this Period<br>500.00   |  |
| City Harrah State OK Zip Code 73045   | Lance Cargill, STATE HOUSE<br>96th OK |   |  |
| Purpose of Disbursement<br>Lance Cargill, STATE HOUSE 96th OK   |                                       |   | 011<br>Category/<br>Type   |
| Candidate Name<br>OK Rep. Lance Cargill   |                                       |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OK District: 96 |                                       |   |  |

|   |                                       |   |  |
|---|---------------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Richard A. Kasunic Campaign Committee</b>  |                                       | <b>Transaction ID: 14416384</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |  |
| Mailing Address 3216 Second Street  |                                       | Amount of Each Disbursement this Period<br>500.00   |  |
| City Dunbar State PA Zip Code 15431   | Richard Kasunic, STATE SE-<br>NATE PA |   |  |
| Purpose of Disbursement<br>Richard Kasunic, STATE SENATE PA   |                                       |   | 011<br>Category/<br>Type   |
| Candidate Name<br>Richard Kasunic   |                                       |   | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 32 |                                       |   |  |

|   |                               |   |  |
|---|-------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jane Orie for Senate Committee</b>   |                               | <b>Transaction ID: 14410442</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |  |
| Mailing Address P.O. Box 516  |                               | Amount of Each Disbursement this Period<br>300.00   |  |
| City Ingomar State PA Zip Code 15127  | Jane Orie, STATE SENATE<br>PA |   |  |
| Purpose of Disbursement<br>Jane Orie, STATE SENATE PA   |                               |   | 011<br>Category/<br>Type   |
| Candidate Name<br>Jane Orie   |                               |   | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 40 |                               |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1300.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. PA House Republican Campaign Committee</b>  |                          | <b>Transaction ID:</b> 14409786<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address P.O. Box 11787   |                          | Amount of Each Disbursement this Period<br>350.00  |
| City Harrisburg State PA Zip Code 17108  | 011<br>Category/<br>Type |  |
| Purpose of Disbursement<br>Candidate Name  |                          |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                          |  |

|   |                          |  |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Senator Badeau</b>  |                          | <b>Transaction ID:</b> 14411062<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 370 Dunlap Street   |                          | Amount of Each Disbursement this Period<br>400.00<br><br>ROGER BADEAU, STATE SENATE RI                       |
| City Woonsocket State RI Zip Code 02895   | 011<br>Category/<br>Type |  |
| Purpose of Disbursement<br>ROGER BADEAU, STATE SENATE RI<br>Candidate Name<br>ROGER BADEAU  |                          |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: RI District: 20 |                          |  |

|   |                          |  |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of Leo R. Blais</b>  |                          | <b>Transaction ID:</b> 14412440<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address P.O. Box 12   |                          | Amount of Each Disbursement this Period<br>300.00<br><br>Leo Blais, STATE SENATE RI                          |
| City Coventry State RI Zip Code 02816   | 011<br>Category/<br>Type |  |
| Purpose of Disbursement<br>Leo Blais, STATE SENATE RI<br>Candidate Name<br>Leo R Blais  |                          |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: RI District: 24 |                          |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1050.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Representative Donald J. Lally, Jr. Committee</b>  |  | <b>Transaction ID:</b> 14413424<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 19 Oak Street   |  | Amount of Each Disbursement this Period<br>500.00<br><br>DONALD LALLY, STATE HOUSE<br>33rd RI                |
| City Wakefield State RI Zip Code 02879  |  |  |
| Purpose of Disbursement<br>DONALD LALLY, STATE HOUSE 33rd RI  | 011<br>Category/<br>Type   |  |
| Candidate Name<br>DONALD LALLY  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: RI District: 33 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of John McCauley, Jr.</b>   |  | <b>Transaction ID:</b> 14413535<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 71 Common Street   |  | Amount of Each Disbursement this Period<br>200.00<br><br>John McCauley, STATE HOUSE<br>01st RI               |
| City Providence State RI Zip Code 02908  |  |  |
| Purpose of Disbursement<br>John McCauley, STATE HOUSE 01st RI  | 011<br>Category/<br>Type   |  |
| Candidate Name<br>John McCauley  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: RI District: 1 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Committee to Elect Roger A. Picard</b>   |  | <b>Transaction ID:</b> 14413718<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 764 Mendon Road   |  | Amount of Each Disbursement this Period<br>250.00<br><br>Roger Picard, STATE HOUSE<br>66th RI                |
| City Woonsocket State RI Zip Code 02895   |  |  |
| Purpose of Disbursement<br>Roger Picard, STATE HOUSE 66th RI  | 011<br>Category/<br>Type   |  |
| Candidate Name<br>Roger A. Picard   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: RI District: 66 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 950.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Committee to Elect Lou Raptakis</b>  |  | Transaction ID: 14413812<br>Date of Disbursement<br>05 / 10 / 2006 |
| Mailing Address 2080 Mooseneck Hill Road  |  | Amount of Each Disbursement this Period<br>300.00                  |
| City Coventry State RI Zip Code 02816-6708  | Purpose of Disbursement<br>Lou Raptakis, STATE SENATE RI<br>Candidate Name<br>Lou Raptakis<br>Category/Type<br>011                                   |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: RI District: 33 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Lou Raptakis, STATE SENATE RI                                      |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Committee to Elect Dominick Ruggerio</b>  |  | Transaction ID: 14413927<br>Date of Disbursement<br>05 / 10 / 2006 |
| Mailing Address 7 Great View Avenue  |  | Amount of Each Disbursement this Period<br>300.00                  |
| City North Providence State RI Zip Code 02904  | Purpose of Disbursement<br>Dominick Ruggerio, STATE SENATE RI<br>Candidate Name<br>Dominick Ruggerio<br>Category/Type<br>011                         |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: RI District: 6 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Dominick Ruggerio, STATE SENATE RI                                 |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of Bill San Bento</b>  |  | Transaction ID: 14414717<br>Date of Disbursement<br>05 / 10 / 2006 |
| Mailing Address 494 Smithfield Avenue   |  | Amount of Each Disbursement this Period<br>300.00                  |
| City Pawtucket State RI Zip Code 02860  | Purpose of Disbursement<br>BILL SAN BENTO, STATE HOUSE 58th RI<br>Candidate Name<br>BILL SAN BENTO<br>Category/Type<br>011                           |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: RI District: 58 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | BILL SAN BENTO, STATE HOUSE 58th RI                                |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 900.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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)<br><b>A. Senator John Tassoni Committee</b>   |  | <b>Transaction ID:</b> 14414839<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 33B Waterview Drive   |  | Amount of Each Disbursement this Period<br>200.00   |
| City Smithfield State RI Zip Code 02917   | 011<br>Category/Type   |   |
| Purpose of Disbursement<br>John Tassoni, STATE SENATE RI  |  |   |
| Candidate Name<br>John Tassoni  |  |   |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: RI District: 22 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | John Tassoni, STATE SENATE RI   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Nick Gorham</b>   |  | <b>Transaction ID:</b> 14412562<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 7042 Flat River Road  |  | Amount of Each Disbursement this Period<br>300.00   |
| City Greene State RI Zip Code 02827   | 011<br>Category/Type   |   |
| Purpose of Disbursement<br>NICK GORHAM, STATE HOUSE 40th RI   |  |   |
| Candidate Name<br>NICK GORHAM   |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: RI District: 40 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | NICK GORHAM, STATE HOUSE 40th RI  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of J. Patrick O'Neill</b>  |  | <b>Transaction ID:</b> 14413649<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6 |
| Mailing Address 25 Marbury Avenue   |  | Amount of Each Disbursement this Period<br>150.00   |
| City Pawtucket State RI Zip Code 02860  | 011<br>Category/Type   |   |
| Purpose of Disbursement<br>J. O'Neill, STATE HOUSE 59th RI  |  |   |
| Candidate Name<br>RI Rep. J. O'Neill  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: RI District: 59 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | J. O'Neill, STATE HOUSE 59th RI   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 650.00 |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input 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.** RI House Democratic Leadership Committee

Mailing Address P.O. Box 28737

City Providence State RI Zip Code 02908

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Transaction ID: 14410567

Date of Disbursement

/

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.** Gene Abdullah for State Senate

Mailing Address 4908 S. Glenview Road

City Sioux Falls State SD Zip Code 57108

Purpose of Disbursement  
Gene Abdallah, STATE SENATE SD

Category/  
Type

Candidate Name  
SD Sen. Gene Abdallah

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼ 2006  
 State: SD District: 10

Transaction ID: 14415200

Date of Disbursement

/

Amount of Each Disbursement this Period

Gene Abdallah, STATE SENA-  
TE SD

Full Name (Last, First, Middle Initial)

**C.** NRA Institute for Legislative Action

Mailing Address 11250 Waples Mill Road

City Fairfax State VA Zip Code 22030

Purpose of Disbursement  
Legislative Expense

Category/  
Type

Candidate Name

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

Transaction ID: 15150244

Date of Disbursement

/

Amount of Each Disbursement this Period

Legislative Expense

**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"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input 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

|   |  |   |
|---|--|---|
| <b>A. Darin Goens</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 11250 Waples Mill Road<br>City Fairfax State VA Zip Code 22030<br>Purpose of Disbursement Legislative Expense<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 15150245</b><br>Date of Disbursement<br>05 / 09 / 2006<br>Amount of Each Disbursement this Period<br>172.22<br>Legislative Expense |
|---|--|---|

|  |  |  |
|--|--|--|
| <b>B. Riedmann for Senate</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 53<br>City Hayward State WI Zip Code 54843<br>Purpose of Disbursement Shirley Riedmann, STATE SENATE WI<br>Candidate Name Shirley Riedmann<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District: 25<br>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 14416681</b><br>Date of Disbursement<br>05 / 10 / 2006<br>Amount of Each Disbursement this Period<br>1000.00<br>Shirley Riedmann, STATE SENATE WI |
|--|--|--|

|   |  |   |
|---|--|---|
| <b>C. Edmonds Associates, Inc.</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 8221 Old Courthouse Road, Suite 2<br>City Vienna State VA Zip Code 22182<br>Purpose of Disbursement Independent Expenditure - Banners<br>Candidate Name Jim Doyle<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District:<br>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 15089715</b><br>Date of Disbursement<br>05 / 31 / 2006<br>Amount of Each Disbursement this Period<br>34888.08<br>Independent Expenditure - Banners |
|---|--|---|

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>36060.30</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>59333.16</b> |