

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OWEN, SCOTT, , MR,**

Mailing Address 9455 WASHBURN RD

City  
COLUMBIAVILLE

State  
MI

Zip Code  
48421-8811

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFO REQUESTED

Occupation (for Individual)  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2019

**Transaction ID : 81487046**

Amount of Each Receipt this Period

52.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WEBER, SHAWN M, , MR,**

Mailing Address 748 ORCHARD DR

City  
PASO ROBLES

State  
CA

Zip Code  
93446-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFO REQUESTED

Occupation (for Individual)  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

**Transaction ID : 81487055**

Amount of Each Receipt this Period

26.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HOUSE, TOMMY L, ,**

Mailing Address 1005 W PARK AVE

City  
RIVERTON

State  
WY

Zip Code  
82501-3243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFO REQUESTED

Occupation (for Individual)  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2019

**Transaction ID : 81487060**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

178.00