

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

**A. FAKULT, JOHN A, , MR,**

Mailing Address 232 E 293RD ST

City  
WILLOWICKState  
OHZip Code  
44095-4650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	26	2019

**Transaction ID : 80281377**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. KILGORE, RONALD E, , MR,**

Mailing Address 300 STONY POINT RD SPC 223

City  
PETALUMAState  
CAZip Code  
94952-1049FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
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 Y
06	12	2019

**Transaction ID : 80281395**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. RIDGE, EDWARD M, , MR,**

Mailing Address 1642 GIBSON RD

City  
BENSALEMState  
PAZip Code  
19020-3008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TOP OF THE RIDGE INCOccupation (for Individual)  
SELF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	10	2019

**Transaction ID : 80281419**

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)..... ►

400.00