

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00053553 3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

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

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

Signature of Treasurer Adkins, Mary Rose, , , [Electronically Filed] Date 05 / 04 / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Rifle Association of America Political Victory Fund

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

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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

National Rifle Association of America Political Victory Fund

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4811.97	1865813.60
(ii) Unitemized	7268.31	9643171.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12080.28	11508985.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7700.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12080.28	11516685.40
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	325803.72
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.10	1560.47
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12080.38	11844049.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12080.38	11844049.59

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3747.87	167766.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3747.87	167766.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15400.00	633550.00
24. Independent Expenditures (use Schedule E)	127095.76	19232446.94
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	8120.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	8120.00
29. Other Disbursements (Including Non-Federal Donations).....	15750.00	1128955.93
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	161993.63	21170839.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	161993.63	21170839.39

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This amendment corrects and carries forward the Calendar Year-To-Date Per Election for Office Sought total shown on Schedule E. This amendment also updates any employment information for Line 11, Schedule A, which has been received since the last filing.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 44
	<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. GLASER, BILL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2639 CEDAR AVE

City SAINT PAUL	State MN	Zip Code 55110-4563
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ADVANCE CIRCUITS	Occupation (for Individual) FACTORY WORKER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2016

Transaction ID : 74539033

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address 7678 BUNKER HILL RD

City CLEVELAND	State OH	Zip Code 44130-6803
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		29		2016

Transaction ID : 74539530

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO BOX 1079

City DEERFIELD BEACH	State FL	Zip Code 33443-1079
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		23		2016

Transaction ID : 74793746

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 44
	<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. COX, CHRIS W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 320580

City ALEXANDRIA	State VA	Zip Code 22320-4580
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NATIONAL RIFLE ASSOCIATION	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2016
Transaction ID : 74793748

Amount of Each Receipt this Period
 100.00

Memo Item

B. COX, CHRIS W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 320580

City ALEXANDRIA	State VA	Zip Code 22320-4580
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NATIONAL RIFLE ASSOCIATION	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2016
Transaction ID : 74793749

Amount of Each Receipt this Period
 100.00

Memo Item

C. COX, CHRIS W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 320580

City ALEXANDRIA	State VA	Zip Code 22320-4580
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NATIONAL RIFLE ASSOCIATION	Occupation (for Individual) EXECUTIVE DIRECTOR
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2016
Transaction ID : 74793750

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. RICKARD, STAN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 WATER ST S
 City HART State MI Zip Code 49420-1246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) City of Hart Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 343.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2016
Transaction ID : 74793754
 Amount of Each Receipt this Period
 46.26
 Memo Item

B. KEZAR, WILLIAM K, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11942 OTTAWA PL
 City CHINO State CA Zip Code 91710-6410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATE OF CALIFORNIA Occupation (for Individual) CORRECTIONS OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 722.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2016
Transaction ID : 74793756
 Amount of Each Receipt this Period
 18.71
 Memo Item

C. MURPHY, MICHAEL S, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5097 N MOUNTAIN VIEW AVE
 City SAN BERNARDINO State CA Zip Code 92407-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CO.SB Occupation (for Individual) ENG. TECH.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2016
Transaction ID : 74793762
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	114.97
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 44
	<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. JOHNSON, GARY S, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1174

City VALDESE	State NC	Zip Code 28690-1174
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2016

Transaction ID : 74793770

Amount of Each Receipt this Period
50.00

Memo Item

B. LONGMOOR, RON, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 713 S POMEROY

City MESA	State AZ	Zip Code 85210-2537
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MOTOROLA COMPUTER GROUP	Occupation (for Individual) EMC TEST ENGINEER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : 74793788

Amount of Each Receipt this Period
50.00

Memo Item

C. PRESCOTT, S N, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1575 E WASHINGTON BLVD APT 619

City PASADENA	State CA	Zip Code 91104-2669
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SRS TECHNOLOGIES	Occupation (for Individual) ENGINEER
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
326.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2016

Transaction ID : 74793791

Amount of Each Receipt this Period
55.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 44
<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. BARNES, DUANE D, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17132 NEWQUIST LN

City HUNTINGTON BEACH	State CA	Zip Code 92649-4539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : 74793794

Amount of Each Receipt this Period
20.00

Memo Item

B. KING, CARROLL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7232 E TURNER CAMP RD

City INVERNESS	State FL	Zip Code 34453-1445
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) A Absolute Septic Service	Occupation (for Individual) Principal
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : 74793796

Amount of Each Receipt this Period
300.00

Memo Item

C. FORMA, JOSEPH S, , MR, SR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 81 ROYCROFT PKWY

City ELMA	State NY	Zip Code 14059-9316
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : 74793803

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	420.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 758 GREY EAGLE CIR S

City COLORADO SPRINGS	State CO	Zip Code 80919-1614
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2016

Transaction ID : 74793823

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 612 HOSPITAL DR

City ANDREWS	State TX	Zip Code 79714-3615
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) DENTIST
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : 74793825

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address PO BOX 261

City METALINE FALLS	State WA	Zip Code 99153-0261
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2016

Transaction ID : 74793832

Amount of Each Receipt this Period
125.00

Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 24301 ANDREA ST

City LAGUNA HILLS	State CA	Zip Code 92656-3181
----------------------	-------------	------------------------

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

Name of Employer (for Individual) MITCHELL INTERNATIONAL	Occupation (for Individual) COMPUTER ANALYST
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : 74793834

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 429 ENCLAVE CIR APT 301

City COSTA MESA	State CA	Zip Code 92626-8293
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2016

Transaction ID : 74793836

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 1141 GREATHOUSE RD

City WAXAHACHIE	State TX	Zip Code 75167-8309
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SOUTHWEST AIRLINES	Occupation (for Individual) commercial pilot
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2016

Transaction ID : 74793837

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 44
	<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. CARROW, RONALD L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4131 N 60TH AVE

City OMAHA	State NE	Zip Code 68104-2712
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2016

Transaction ID : 74793840

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 8701 S KOLB RD

City TUCSON	State AZ	Zip Code 85756-9607
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2016

Transaction ID : 74793842

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 33 GREENVALE RD

City CHERRY HILL	State NJ	Zip Code 08034-1703
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2016

Transaction ID : 74793851

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 618 WHEELER RD

City PALMERVILLE	State TN	Zip Code 38241-3103
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : 74793853

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address PO BOX 89459

City TUCSON	State AZ	Zip Code 85752-9459
----------------	-------------	------------------------

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

Name of Employer (for Individual) Lone Wolf Woodworking	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : 74793854

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 2612 UPPER MOUNTAIN RD

City SANBORN	State NY	Zip Code 14132-9390
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Tax Preparer
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : 74793857

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7634 IVORY LN

City ROCKFORD	State IL	Zip Code 61108-2628
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : 74793864

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address PO BOX 134

City QUARTZSITE	State AZ	Zip Code 85346-0134
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : 74793870

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 190 CATFISH LN

City CRUMP	State TN	Zip Code 38327-3703
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2016

Transaction ID : 74793877

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 44
	<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. BENNETT, BILL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1238 RUE CAP FERRAT

City SAN MARCOS	State CA	Zip Code 92078-7230
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : 74793882

Amount of Each Receipt this Period
25.00

Memo Item

B. SECRIST, ROBERT V, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3069 TRUMPOWER RD

City PERRYVILLE	State OH	Zip Code 44864-9305
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2016

Transaction ID : 74793883

Amount of Each Receipt this Period
24.00

Memo Item

C. LILLA, AL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2530 OPPIO ST

City SPARKS	State NV	Zip Code 89431-1930
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
257.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2016

Transaction ID : 74793885

Amount of Each Receipt this Period
26.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 44
<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. NURRE, JOHN, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6603 POWNER FARM DR

City CINCINNATI	State OH	Zip Code 45248-2971
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cincinnati ENT Specialist, Inc.	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2016

Transaction ID : 74793899

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 10303 E HIGHWAY 84

City AXTELL	State TX	Zip Code 76624-1423
----------------	-------------	------------------------

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

Name of Employer (for Individual) Texas State Technical College	Occupation (for Individual) Lab Assistant
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2016

Transaction ID : 74793905

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 1155 WALDEN OAKS DR APT 302W

City WOODSTOCK	State IL	Zip Code 60098-4094
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
396.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : 74793909

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1715 E KLEINDALE RD

City TUCSON	State AZ	Zip Code 85719-1918
----------------	-------------	------------------------

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

Name of Employer (for Individual) DELTA AIRLINES	Occupation (for Individual) PILOT
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2016

Transaction ID : 74793911

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 516 OLD BARNSTABLE RD

City E FALMOUTH	State MA	Zip Code 02536-5440
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : 74793916

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address PO BOX 914

City SNOWFLAKE	State AZ	Zip Code 85937-0914
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2016

Transaction ID : 74793922

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1045.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 44
<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. BOGART, MICHAEL J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 295

City SUMPTER	State OR	Zip Code 97877-0295
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : 74793928

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 426 SHELTER RD

City RONKONKOMA	State NY	Zip Code 11779-5112
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MISONIX INC	Occupation (for Individual) ELECTRONIC MEDICAL TECH
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2016

Transaction ID : 74793937

Amount of Each Receipt this Period
26.00

Memo Item

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

Mailing Address 351 DECKMAN HOLLOW RD

City WILLIAMSPORT	State PA	Zip Code 17701-8813
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : 74793944

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	151.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2012 HIGHWAY 160 W # 50

City FORT MILL	State SC	Zip Code 29708-8401
-------------------	-------------	------------------------

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

Name of Employer (for Individual) CHENIERE ENERGY	Occupation (for Individual) DIRECTOR MARINE OPERATIONS
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2016

Transaction ID : 74793945

Amount of Each Receipt this Period
60.00

Memo Item

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

Mailing Address 11912 IL HIGHWAY 1

City PARIS	State IL	Zip Code 61944-8314
---------------	-------------	------------------------

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

Name of Employer (for Individual) Lakeside Veterinary Clinic	Occupation (for Individual) Veterinarian
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : 74793947

Amount of Each Receipt this Period
26.00

Memo Item

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

Mailing Address 1839 SAUL AVE

City ZACHARY	State LA	Zip Code 70791-5907
-----------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2016

Transaction ID : 74793952

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	106.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 44
	<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. REBIK, THOMAS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5163 N HIGHWAY A1A APT 816

City FORT PIERCE	State FL	Zip Code 34949-7814
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : 74793967

Amount of Each Receipt this Period
20.00

Memo Item

B. REBIK, THOMAS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5163 N HIGHWAY A1A APT 816

City FORT PIERCE	State FL	Zip Code 34949-7814
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2016

Transaction ID : 74793968

Amount of Each Receipt this Period
20.00

Memo Item

C. SCHOENSTADT, ARTHUR L, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22402 MONTERA PLACE

City SALINAS	State CA	Zip Code 93908-1028
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2016

Transaction ID : 74793969

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 349 NOLA ST

City LAS VEGAS	State NV	Zip Code 89138-2017
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : 74793972

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 57112 SAND HILL LN

City AMES	State IA	Zip Code 50010-9366
--------------	-------------	------------------------

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

Name of Employer (for Individual) Con-Struct, Inc.	Occupation (for Individual) Contractor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

Transaction ID : 74793974

Amount of Each Receipt this Period
365.00

Memo Item

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

Mailing Address 2224 LAMP POST LN

City FREDERICK	State MD	Zip Code 21701-3219
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2016

Transaction ID : 74793987

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	485.00
TOTAL This Period (last page this line number only).....	4811.97

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

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

FOR LINE NUMBER: PAGE 24 OF 44
(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. BB&T Bank
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11230 Waples Mill Road
 City Fairfax State VA Zip Code 22030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2016
Transaction ID : 74538729
 Amount of Each Receipt this Period 0.05
 Memo Item
 Interest Income

B. BB&T Bank
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11230 Waples Mill Road
 City Fairfax State VA Zip Code 22030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2016
Transaction ID : 74719877
 Amount of Each Receipt this Period 0.05
 Memo Item
 Interest Income

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.10
TOTAL This Period (last page this line number only).....▶	0.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

A. National Rifle Association of America

Mailing Address 11250 Waples Mill Road

City Fairfax State VA Zip Code 22030

Purpose of Disbursement Website Hosting / Service Fee

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2016			

FEC Identification Number

Transaction ID : 74520913
 Amount of Each Disbursement this Period

 Website Hosting / Service Fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement Credit Card Fees

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2016			

FEC Identification Number

Transaction ID : 74522193
 Amount of Each Disbursement this Period

 Credit Card Fees
 Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Company

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement Credit Card Fees

Category/Type

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2016			

FEC Identification Number

Transaction ID : 74522194
 Amount of Each Disbursement this Period

 Credit Card Fees
 Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

A. PAYMENTECH, INC.

Mailing Address 4 NORTHEASTERN BLVD

City
SALEM

State
NH

Zip Code
03079

Purpose of Disbursement
Credit Card Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : 74522195

Amount of Each Disbursement this Period

[REDACTED] 477.23

Credit Card Fees

Memo Item

Full Name (Last, First, Middle Initial)

B. BB&T Bank

Mailing Address 11230 Waples Mill Road

City
Fairfax

State
VA

Zip Code
22030

Purpose of Disbursement
Bank Service Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : 74719876

Amount of Each Disbursement this Period

[REDACTED] 4.00

Bank Service Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank, N.A.

Mailing Address 1300 Chain Bridge Road

City
McLean

State
VA

Zip Code
22101

Purpose of Disbursement
Account Analysis Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : 74797153

Amount of Each Disbursement this Period

[REDACTED] 374.28

Account Analysis Fee

Memo Item

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

[REDACTED] 855.51

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank, N.A.

Mailing Address 1300 Chain Bridge Road

City McLean State VA Zip Code 22101

Purpose of Disbursement

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2016

FEC Identification Number

C
Transaction ID : 74797154
Amount of Each Disbursement this Period
459.90

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank, N.A.

Mailing Address 1300 Chain Bridge Road

City McLean State VA Zip Code 22101

Purpose of Disbursement
Account Analysis Fee

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2016

FEC Identification Number

C
Transaction ID : 74797155
Amount of Each Disbursement this Period
20.04
Account Analysis Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express Company

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Fees

001
Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

FEC Identification Number

C
Transaction ID : 74797157
Amount of Each Disbursement this Period
4.50
Credit Card Fees

Memo Item

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

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

484.44

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

A. PAYMENTECH, INC.

Mailing Address 4 NORTHEASTERN BLVD

City
SALEM

State
NH

Zip Code
03079

Purpose of Disbursement
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 74797158

Amount of Each Disbursement this Period

Credit Card Fees

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

A. John Kennedy For Us, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2016

Mailing Address 2900 Clearview Pkwy
Suite 206

City Metairie State LA Zip Code 70006

FEC Identification Number

C C00608398

Transaction ID : 74510891

Amount of Each Disbursement this Period

4950.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Kennedy, John, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District:

Runoff2016

Full Name (Last, First, Middle Initial)

B. Friends Of Scott Angelle, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2016

Mailing Address P.O. Box 1385

City Breaux Bridge State LA Zip Code 70517

FEC Identification Number

C C00611145

Transaction ID : 74510893

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Angelle, Scott, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 03

Runoff2016

Full Name (Last, First, Middle Initial)

C. Mike Johnson For Louisiana

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2016

Mailing Address 2900 Clearview Pkwy
Suite 206

City Metairie State LA Zip Code 70006

FEC Identification Number

C C00608695

Transaction ID : 74510894

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/ Type

Candidate Name

Johnson, James, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 04

Runoff2016

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

6950.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

A. Bergman for Congress

Mailing Address N5070 Cisco Lake Road

City Watersmeet State MI Zip Code 49969

Purpose of Disbursement
Debt Retirement

Candidate Name
Bergman, John, , ,

Office Sought: House
 Senate
 President
State: MI District: 01

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2016					

FEC Identification Number

C C00614214

Transaction ID : 74510945

Amount of Each Disbursement this Period

4950.00

Debt Retirement

Memo Item

Full Name (Last, First, Middle Initial)

B. Jason Lewis For Congress

Mailing Address P.O. Box 515

City Cottage Grove State MN Zip Code 55016

Purpose of Disbursement
Debt Retirement

Candidate Name
Lewis, Jason, , ,

Office Sought: House
 Senate
 President
State: MN District: 02

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2016					

FEC Identification Number

C C00589234

Transaction ID : 74514797

Amount of Each Disbursement this Period

1000.00

Debt Retirement

Memo Item

Full Name (Last, First, Middle Initial)

C. Captain Higgins For Congress

Mailing Address PO Box 61747

City Lafayette State LA Zip Code 70596

Purpose of Disbursement
Debt Retirement

Candidate Name
Higgins, Clay, , Captai,

Office Sought: House
 Senate
 President
State: LA District: 03

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			14			2016					

FEC Identification Number

C C00617662

Transaction ID : 74586505

Amount of Each Disbursement this Period

2500.00

Debt Retirement

Memo Item

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

8450.00

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

15400.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

A. SCHMITZ, JOSEPH E, , SGT,

Mailing Address 105 SW 1ST AVE APT 16

City
JOHN DAY

State
OR

Zip Code
97845-1062

Purpose of Disbursement
Refund Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 74716793
Amount of Each Disbursement this Period

Refund Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. SCHMITZ, JOSEPH E, , SGT,

Mailing Address 105 SW 1ST AVE APT 16

City
JOHN DAY

State
OR

Zip Code
97845-1062

Purpose of Disbursement
Void - Stale Dated Check

Category/
Type

Candidate Name

SGT JOSEPH E SCHMITZ

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 74794715
Amount of Each Disbursement this Period

Void - Stale Dated Check

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

A. Eric Holcomb for Indiana

Mailing Address 101 W. Ohio Street, Suite 1111

City
Indianapolis

State
IN

Zip Code
46204

Purpose of Disbursement
Eric Holcomb, GOVERNOR IN

011

Category/
Type

Candidate Name
Holcomb, Eric, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : 74510946

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Eric Holcomb, GOVERNOR IN

Memo Item

Full Name (Last, First, Middle Initial)

B. Associated Republicans of Texas Campaign Fund

Mailing Address 807 Brazos Street, Suite 601

City
Austin

State
TX

Zip Code
78701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : 74510947

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Virginia Senate Republican Caucus

Mailing Address P.O. Box 1697

City
Williamsburg

State
VA

Zip Code
23187

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : 74510948

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

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

[REDACTED] 4500.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

A. Dominion Leadership Trust PAC

Mailing Address 106 Carter Street

City Fredericksburg State VA Zip Code 22405

Purpose of Disbursement

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 74510949
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Republican Party of Virginia

Mailing Address 115 East Grace Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 74510950
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. MPAC

Mailing Address P.O. Box 381075

City Germantown State TN Zip Code 38183

Purpose of Disbursement

Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 74511001
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

A. Friends of Chris Carr

Mailing Address P.O. Box 724084

City
Atlanta

State
GA

Zip Code
30339

Purpose of Disbursement
Chris Carr, ATTORNEY GENERAL GA

011

Category/
Type

Candidate Name
Carr, Chris, , ,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : 74512026

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Chris Carr, ATTORNEY GENERAL GA

Full Name (Last, First, Middle Initial)

B. Texas Senate Republican Caucus

Mailing Address 1 E. Greenway Plaza, Suite 225

City
Houston

State
TX

Zip Code
77046-0106

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : 74517141

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Virginia House Republican Campaign Committee

Mailing Address 106 Carter Street

City
Fredericksburg

State
VA

Zip Code
22405-2308

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2016			

FEC Identification Number

C [REDACTED]

Transaction ID : 74567892

Amount of Each Disbursement this Period

[REDACTED] 7500.00

Memo Item

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

[REDACTED] 8500.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

Full Name (Last, First, Middle Initial)

A. Jim Tracy for Senate

Mailing Address P.O. Box 332490

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Void - Jim Tracy for Senate

Category/
Type

Candidate Name
Tracy, Jim, , TN Sen.,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 30 / 2016

FEC Identification Number

Transaction ID : 74719878
Amount of Each Disbursement this Period

Void - Jim Tracy for Senate

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Prolist Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 02 / 2016
Mailing Address 4510 Buckeystown Pike, Suite M	Amount 69705.23
City Frederick State MD Zip Code 21704-7539	Transaction ID : 74521037 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2016
Purpose of Expenditure Postage Category/Type 004	Name of Federal Candidate: Kennedy, John, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA District: _____
Calendar Year-To-Date Per Election for Office Sought 84106.54	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <input type="checkbox"/> Memo Item Prolist Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 02 / 2016
Mailing Address 4510 Buckeystown Pike, Suite M	Amount 1329.04
City Frederick State MD Zip Code 21704-7539	Transaction ID : 74521109 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 02 / 2016
Purpose of Expenditure Postage Category/Type 004	Name of Federal Candidate: Angelle, Scott, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate State: LA District: 03
Calendar Year-To-Date Per Election for Office Sought 1603.38	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures ▶	71034.27
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) TOTAL Independent Expenditures ▶	

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

Adkins, Mary Rose, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 05 / 04 / 2017
 Signature

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

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund	FEC IDENTIFICATION NUMBER ▼ C C00053553
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Prolist Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4510 Buckeystown Pike, Suite M	Amount <input type="text"/>
City Frederick State MD Zip Code 21704-7539	Transaction ID : 74521110
Purpose of Expenditure Postage Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Johnson, James, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: LA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1488.92	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <input type="checkbox"/> Memo Item Prolist Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4510 Buckeystown Pike, Suite M	Amount <input type="text"/>
City Frederick State MD Zip Code 21704-7539	Transaction ID : 74521113
Purpose of Expenditure Postcards Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Kennedy, John, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: LA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 84106.54	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 15635.58
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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

Adkins, Mary Rose, , ,

[Electronically Filed]

Date

/ /

Signature

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

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div>
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Check if 24-hour report 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y Y Y

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

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

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid gray; padding: 2px; display: inline-block;"> 528.99 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid gray; padding: 2px; display: inline-block; width: 100%;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid gray; padding: 2px; display: inline-block; width: 100%;"> </div>

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Adkins, Mary Rose, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 05 / 04 / 2017

Signature

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Starboard Strategic, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 705 Melvin Avenue, #105	Amount <input type="text"/>
City Annapolis State MD Zip Code 21401	Transaction ID : 74531973
Purpose of Expenditure Radio Ads Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Kennedy, John, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: LA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 119316.79	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

Full Name of Payee <input type="checkbox"/> Memo Item Starboard Strategic, Inc.	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 705 Melvin Avenue, #105	Amount <input type="text"/>
City Annapolis State MD Zip Code 21401	Transaction ID : 74531975
Purpose of Expenditure Radio Ad Production Cost Category/Type 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Kennedy, John, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: LA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 120609.79	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 36503.25
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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

Adkins, Mary Rose, , [Electronically Filed] Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

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

Date of Public Distribution/Dissemination

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

Amount
-9.17

City State Zip Code
Las Vegas NV 89108

Transaction ID : 75459486
Date of Disbursement or Obligation

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

12 / 30 / 2016

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

Office Sought:
House Senate
President State:

Calendar Year-To-Date
Per Election for Office Sought 9315895.88

Disbursement For:
Primary General
Other (specify)

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

Date of Public Distribution/Dissemination

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

Amount
-9.17

City State Zip Code
Las Vegas NV 89108

Transaction ID : 75459487
Date of Disbursement or Obligation

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

12 / 30 / 2016

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

Office Sought:
House Senate
President State:

Calendar Year-To-Date
Per Election for Office Sought 9315895.88

Disbursement For:
Primary General
Other (specify)

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

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Adkins, Mary Rose, , [Electronically Filed] Date 05 / 04 / 2017
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

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

Full Name of Payee: Western Trails Gun and Knife Shows
Mailing Address: Attn: Karl Lange, 1421 N. Jones Blvd., #148
City: Las Vegas, State: NV, Zip Code: 89108
Purpose of Expenditure: Void - Booth Rental - Event Cancelled
Category/Type: 004
Date of Public Distribution/Dissemination: 12/30/2016
Amount: -9.17
Transaction ID: 75459488

Name of Federal Candidate: Heck, Joe, ,
Support: [X] Oppose: []
Office Sought: [] House [] Senate [X]
District: State: NV
Calendar Year-To-Date Per Election for Office Sought: 696983.85
Disbursement For: [] Primary [X] General 2016

Full Name of Payee: Western Trails Gun and Knife Shows
Mailing Address: Attn: Karl Lange, 1421 N. Jones Blvd., #148
City: Las Vegas, State: NV, Zip Code: 89108
Purpose of Expenditure: Void - Booth Rental - Event Cancelled
Category/Type: 004
Date of Public Distribution/Dissemination: 12/30/2016
Amount: -9.16
Transaction ID: 75459489

Name of Federal Candidate: Masto, Catherine, ,
Support: [] Oppose: [X]
Office Sought: [] House [] Senate [X]
District: State: NV
Calendar Year-To-Date Per Election for Office Sought: 696983.85
Disbursement For: [] Primary [X] General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: -18.33
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

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

Adkins, Mary Rose, ,

[Electronically Filed]

Date

05 / 04 / 2017

Signature

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Western Trails Gun and Knife Shows		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address Attn: Karl Lange 1421 N. Jones Blvd., #148		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">-9.17</div>	
City Las Vegas	State NV	Zip Code 89108	Transaction ID : 75459490 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 30 / 2016
Purpose of Expenditure Void - Booth Rental - Event Cancelled		Category/Type 004	
Name of Federal Candidate: Tarkanian, Danny, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">1726.48</div>			

Full Name of Payee <input type="checkbox"/> Memo Item Western Trails Gun and Knife Shows		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address Attn: Karl Lange 1421 N. Jones Blvd., #148		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">-9.16</div>	
City Las Vegas	State NV	Zip Code 89108	Transaction ID : 75459491 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 30 / 2016
Purpose of Expenditure Void - Booth Rental - Event Cancelled		Category/Type 004	
Name of Federal Candidate: Rosen, Jacky, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">1726.48</div>			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">-18.33</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

Signature Adkins, Mary Rose, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 05 / 04 / 2017

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

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

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

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

(a) SUBTOTAL of Itemized Independent Expenditures ▶	M M M M / Y Y Y Y Y Y 3336.18
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	M M M M / Y Y Y Y Y Y
(a) TOTAL Independent Expenditures ▶	M M M M / Y Y Y Y Y Y

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

Adkins, Mary Rose, , , [Electronically Filed] Date M M M M / D D D D / Y Y Y Y Y Y
 Signature 05 / 04 / 2017

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

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund	FEC IDENTIFICATION NUMBER ▼ C C00053553
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Check if 24-hour report 48-hour report New report Amends report filed on / /

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

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

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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

Adkins, Mary Rose, , , **[Electronically Filed]** Date / /

Signature