

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 235 OF 1022

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

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

A. BRIMMER, C H, , MR,

Mailing Address 14954 GRINDSTONE LAKE RD

City
SANDSTONE

State
MN

Zip Code
55072-2767

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 ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : 74300314

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. ZIERDT, JERALD F, F, MAJ,

Mailing Address 1409 W NORTH DRAGOON DR

City
COLBERT

State
WA

Zip Code
99005-9443

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SPOKANE COMMUNITY COLLEGE

Occupation (for Individual)
COMPUTER TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : 74300324

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. TUTTEN, HARRY L, , MR, JR

Mailing Address PO BOX 160

City
EDISTO ISLAND

State
SC

Zip Code
29438-0160

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COASTAL PLAINS PHYSICIANS ASSO.

Occupation (for Individual)
PHYSICIAN

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
10 / 05 / 2016

Transaction ID : 74300325

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

750.00