

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

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

FOR LINE NUMBER: PAGE 810 OF 948

(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

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

A. STANLEY, WALTER, , , SR

Mailing Address 49 N REAMSTOWN RD

City
STEVENS

State
PA

Zip Code
17578-9493

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFO REQUESTED

Occupation (for Individual)
INFO REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2019

Transaction ID : 81115007

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. BOYD, DAVID P, , ,

Mailing Address 7761 CHILLICOTHE LANCASTER RD

City
AMANDA

State
OH

Zip Code
43102-9591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFO REQUESTED

Occupation (for Individual)
INFO REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2019

Transaction ID : 81115028

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

C. SAXON, SAMUEL A, , ,

Mailing Address 380 LOKEY LN

City
WILSONVILLE

State
AL

Zip Code
35186-7308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : 81115030

Amount of Each Receipt this Period

140.00

☐ Memo Item

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

590.00

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