

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

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

FOR LINE NUMBER: PAGE 244 OF 324  
(check only one)

☒ 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. ALLMAN, JAMES R, , MR,**

Mailing Address 2330 DEER TRAIL LN

City  
ASHLAND

State  
OH

Zip Code  
44805-8502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
'ASHLAND OB/GYN, LTD'

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 23 / 2019

**Transaction ID : 79939417**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. ALLMAN, JAMES R, , MR,**

Mailing Address 2330 DEER TRAIL LN

City  
ASHLAND

State  
OH

Zip Code  
44805-8502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
'ASHLAND OB/GYN, LTD'

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2019

**Transaction ID : 79939418**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. ROBERTSON, CHARLES H, , MR,**

Mailing Address 211 MEADOW GLEN DR

City  
BRISTOL

State  
TN

Zip Code  
37620-9519

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2019

**Transaction ID : 79939529**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00