

# **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)

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☒ 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. BOKENY, ZOLTAN A, , MR,**

Mailing Address 2125 ROLLING HILL RD

City  
FAYETTEVILLE

State  
NC

Zip Code  
28304-3736

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2017

**Transaction ID : 77085123**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. DAVIS, WILLIAM, , MR, JR**

Mailing Address 1245 S 4TH ST APT 5

City  
LOUISVILLE

State  
KY

Zip Code  
40203-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTON HOSPITAL

Occupation (for Individual)  
JANITORIAL SECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2017

**Transaction ID : 77085125**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. FARMER, OTIS, , MR,**

Mailing Address 24908 44TH AVE E

City  
SPANAWAY

State  
WA

Zip Code  
98387-7035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
TELECOMMUNICATIONS CONTRACT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2017

**Transaction ID : 77085131**

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)..... ►

200.00