

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 Check if different than previously reported. (ACC) Fairfax VA 22030

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

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) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 01 2015 through 02 28 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Rose Adkins

Signature of Treasurer Mary Rose Adkins [Electronically Filed] Date 03 20 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 7 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		2488838.56
(b) Cash on Hand at Beginning of Reporting Period.....	2763829.97	
(c) Total Receipts (from Line 19) .....	812576.90	1109069.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3576406.87	3597907.65
7. Total Disbursements (from Line 31).....	20772.16	42272.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3555634.71	3555634.71
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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. 06/2004)

Write or Type Committee Name

**National Rifle Association of America Political Victory Fund**

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

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).....	33896.00	50321.00
(ii) Unitemized .....	778680.83	1058747.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	812576.83	1109068.94
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	812576.83	1109068.94
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.07	0.15
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))..... ▶	812576.90	1109069.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	812576.90	1109069.09

**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 .....	5336.93	9062.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5336.93	9062.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	6000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00
(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	0.00
29. Other Disbursements .....	11935.23	27210.23
30. Federal Election Activity (2 U.S.C. §431(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)) ..	20772.16	42272.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20772.16	42272.94

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	812576.83	1109068.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	812576.83	1109068.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5336.93	9062.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5336.93	9062.71

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

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

FOR LINE NUMBER: PAGE 6 OF 46  
(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**

**A. DR GEORGE A AYDELOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6310 MADERA LN  
 City BEAUMONT State TX Zip Code 77706-4049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHWEST TEXAS RADIOLOGY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : 64778712**  
 Amount of Each Receipt this Period  
 1000.00

**B. MR PETER DULKO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 MEADOWVIEW DR  
 City BROOKFIELD State CT Zip Code 06804-1810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 02 / 04 / 2015  
**Transaction ID : 64778931**  
 Amount of Each Receipt this Period  
 250.00

**C. CHRIS W COX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 7045  
 City ALEXANDRIA State VA Zip Code 22307-0045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NATIONAL RIFLE ASSOCIATION Occupation EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : 64779034**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**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 7 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. CHRIS W COX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 7045  
 City ALEXANDRIA State VA Zip Code 22307-0045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NATIONAL RIFLE ASSOCIATION Occupation EXECUTIVE DIRECTOR  
 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  
 02 / 02 / 2015  
**Transaction ID : 64779035**  
 Amount of Each Receipt this Period  
 500.00

**B. MR STEPHEN C TOBIAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3954 AUGUSTA STAGECOACH RD  
 City GARNETT State SC Zip Code 29922-6842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORFOLK SOUTHERN Occupation 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  
 02 / 17 / 2015  
**Transaction ID : 64779055**  
 Amount of Each Receipt this Period  
 500.00

**C. MR STEVE NICHOLAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2319 QUINCE AVE  
 City PRESCOTT State IA Zip Code 50859-8104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation FARMER/BANKER  
 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  
 02 / 24 / 2015  
**Transaction ID : 64779087**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 46
	<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**

Full Name (Last, First, Middle Initial) <b>A. MR RON HILBIG</b>		Date of Receipt
Mailing Address 1400 4TH AVE N		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
GREAT FALLS	MT	59401-1418
FEC ID number of contributing federal political committee.		Transaction ID : <b>64779195</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="200.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR GEORGE GAMBLE</b>		Date of Receipt
Mailing Address 11060 KNOXVILLE RD		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
NAPA	CA	94558-9660
FEC ID number of contributing federal political committee.		Transaction ID : <b>64779759</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="500.00"/>
Occupation		
Self Employed		
Rancher		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR CURTIS B WERT</b>		Date of Receipt
Mailing Address 2516 NEW LANCASTER VALLEY RD		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
MILROY	PA	17063-9529
FEC ID number of contributing federal political committee.		Transaction ID : <b>64780328</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="500.00"/>
Occupation		
Retired		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

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

FOR LINE NUMBER: PAGE 9 OF 46  
(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 (Last, First, Middle Initial)  
**A. MR BRAD SEAY**

Mailing Address **PO BOX 429**

City **SANTO** State **TX** Zip Code **76472-0429**

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**02 / 02 / 2015**  
**Transaction ID : 64780691**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. MR BRUCE A KUHNS**

Mailing Address **183 HI ACRES RD**

City **GREENSBURG** State **PA** Zip Code **15601-8620**

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**02 / 06 / 2015**  
**Transaction ID : 64781265**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. MRS SUSAN VIRGIN**

Mailing Address **32 SUNDIAL LOOP**

City **SEQUIM** State **WA** Zip Code **98382-8024**

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**02 / 24 / 2015**  
**Transaction ID : 64781529**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **750.00**

**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: PAGE 10 OF 46  
(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 (Last, First, Middle Initial)  
**A. MR RICHARD WALL**

Mailing Address 2702 FOREST OAKS BLVD

City State Zip Code  
 HOUSTON TX 77017-7120

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

Name of Employer Occupation  
 UNIVERSITY OF HOUSTON COMPUTER PROGRAMMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : 64781843**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. MR BERT ISEN**

Mailing Address 31 DARTMOUTH ST

City State Zip Code  
 ALBANY NY 12209-1336

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

Name of Employer Occupation  
 RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : 64781868**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**C. MS FRANCES A CRAWFORD**

Mailing Address PO BOX 651

City State Zip Code  
 ELGIN TX 78621-0651

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

Name of Employer Occupation  
 SELF EMPLOYED RETIRED - RANCHER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : 64782745**

Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5700.00

**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 46
	<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. DR THOMAS W RUSSELL**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 624

City LAKE CITY State CO Zip Code 81235-0624

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

Name of Employer Occupation  
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  
02 / 03 / 2015  
**Transaction ID : 64782885**

Amount of Each Receipt this Period  
250.00

**B. MR THOMAS L BUCY**  
Full Name (Last, First, Middle Initial)

Mailing Address 10552 DORA ST

City SUN VALLEY State CA Zip Code 91352-2807

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

Name of Employer Occupation  
Bucy Die Cast Corporation Tool & Die Setup & Maintenance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 02 / 2015  
**Transaction ID : 64782988**

Amount of Each Receipt this Period  
300.00

**C. MR DAVID J KELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2381

City BUCKLEY State WA Zip Code 98321-2381

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015  
**Transaction ID : 64783258**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 46
	<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. MR BOB MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 13550 LOUISE AVE

City RIPON State CA Zip Code 95366-9415

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

Name of Employer SELF EMPLOYED Occupation FARMER

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  
 02 / 18 / 2015  
**Transaction ID : 64783849**

Amount of Each Receipt this Period  
 1000.00

**B. MS ANITA C NORDBROCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 LOREN DR

City PRESCOTT State AZ Zip Code 86305-2860

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

Name of Employer HONOLULU COMM COLLEGE Occupation TEACHER

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  
 02 / 02 / 2015  
**Transaction ID : 64784125**

Amount of Each Receipt this Period  
 250.00

**C. MS ANITA C NORDBROCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 203 LOREN DR

City PRESCOTT State AZ Zip Code 86305-2860

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

Name of Employer HONOLULU COMM COLLEGE Occupation TEACHER

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  
 02 / 17 / 2015  
**Transaction ID : 64784126**

Amount of Each Receipt this Period  
 26.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1276.00
<b>TOTAL</b> 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 46
	<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. MR DANIEL EICHNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1249 POND REEF RD

City KETCHIKAN State AK Zip Code 99901-9372

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

Name of Employer Occupation  
Eichner & Eichner Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
02 / 03 / 2015  
**Transaction ID : 64784818**

Amount of Each Receipt this Period  
250.00

**B. MR M SAAR**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 81

City BASSETT State NE Zip Code 68714-0081

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

Name of Employer Occupation  
MLS Express Owner - Truck Transportation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 05 / 2015  
**Transaction ID : 64785336**

Amount of Each Receipt this Period  
250.00

**C. MR TERRY L JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address RR 3 BOX 139B

City BELINGTON State WV Zip Code 26250-9452

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

Name of Employer Occupation  
Terry Johnson & Associates, PLLC Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 20 / 2015  
**Transaction ID : 64785517**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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: PAGE 14 OF 46  
(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 (Last, First, Middle Initial)  
**A. MR CHRIS POST**

Mailing Address 2967 E CORONADO ST

City State Zip Code  
ANAHEIM CA 92806-2502

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

Name of Employer Occupation  
POST BROTHERS CONSTRUCTION CO. owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : 64785618**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. MR CHRIS POST**

Mailing Address 2967 E CORONADO ST

City State Zip Code  
ANAHEIM CA 92806-2502

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

Name of Employer Occupation  
POST BROTHERS CONSTRUCTION CO. owner

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  
 02 / 03 / 2015  
**Transaction ID : 64785619**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. MR JON P FILLMORE**

Mailing Address PO BOX 151

City State Zip Code  
ALBION ID 83311-0151

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

Name of Employer Occupation  
RETIRE

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  
 02 / 03 / 2015  
**Transaction ID : 64785634**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**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: PAGE 15 OF 46  
(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. MR JOSEPH WERBIANSKY SR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 492  
 City UNION State MI Zip Code 49130-0492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation 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  
 02 / 03 / 2015  
**Transaction ID : 64786083**  
 Amount of Each Receipt this Period  
 250.00

**B. R R WHITMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6617 HARLAN DR  
 City EDEN PRAIRIE State MN Zip Code 55346-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 02 / 09 / 2015  
**Transaction ID : 64786098**  
 Amount of Each Receipt this Period  
 250.00

**C. MR JOHN E ECHLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 PRIORY RD  
 City SAVANNAH State GA Zip Code 31411-1731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : 64786720**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 46
	<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. MR TIMOTHY J RAVER**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2315

City JACKSON State WY Zip Code 83001-2315

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

Name of Employer Timothy J. Raver Construction, Inc. Occupation Contractor

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  
 02 / 18 / 2015  
**Transaction ID : 64787121**

Amount of Each Receipt this Period  
 250.00

**B. MR RONALD B WEINEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1079 GLEN VIEW DR

City YORK State PA Zip Code 17403-9680

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

Name of Employer Occupation 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  
 02 / 06 / 2015  
**Transaction ID : 64787276**

Amount of Each Receipt this Period  
 250.00

**C. MR ARTHUR LAMBKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1980 PRESTWICK RD

City GROSSE POINTE WOODS State MI Zip Code 48236-1943

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

Name of Employer Occupation Retired - Pharmacist

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  
 02 / 25 / 2015  
**Transaction ID : 64787402**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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: PAGE 17 OF 46  
(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. MR ANDREW C FRECHTLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1141 GREATHOUSE RD  
 City State Zip Code  
 WAXAHACHIE TX 75167-8309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SOUTHWEST AIRLINES commercial pilot  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : 64787668**  
 Amount of Each Receipt this Period  
 200.00

**B. MR JOSEPH J CAMPBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12317 NAVY ST  
 City State Zip Code  
 LOS ANGELES CA 90066-1048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 224.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : 64787709**  
 Amount of Each Receipt this Period  
 100.00

**C. MR JACK OHARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5137 S ENGLEMAN RD  
 City State Zip Code  
 GRAND ISLAND NE 68803-9202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 O'HARA PLUMBING COMPANY, INC OWNER / PLUMBING CONTRACTOR  
 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  
 02 / 23 / 2015  
**Transaction ID : 64787824**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**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 46
	<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. MR WILLIAM T GRANT JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 QUAIL CHASE  
 City SPRINGFIELD State IL Zip Code 62711-7853  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LANDMARK AUTO GROUP Occupation CORPORATE EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2015  
**Transaction ID : 64788161**  
 Amount of Each Receipt this Period  
 500.00

**B. MR RICHARD A FOSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 233 W 5TH ST  
 City EMPORIUM State PA Zip Code 15834-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 02 / 17 / 2015  
**Transaction ID : 64788237**  
 Amount of Each Receipt this Period  
 250.00

**C. MR EVAN B OLSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 72 JOHNSON LN  
 City MCCALL State ID Zip Code 83638-5005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2015  
**Transaction ID : 64788349**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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: PAGE 19 OF 46  
(check only one)

<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. DUAYNE BUESCHER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18294 IRISH RIDGE RD  
City SPERRY State IA Zip Code 52650-9840  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation RETIRED - MECHANICAL ENGINEER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 24 / 2015  
**Transaction ID : 64789011**  
Amount of Each Receipt this Period 250.00

**B. MR JAMES F FROEMMING**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 6893  
City ROCKFORD State IL Zip Code 61125-1893  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 02 / 2015  
**Transaction ID : 64789214**  
Amount of Each Receipt this Period 250.00

**C. MR JAMES F FROEMMING**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 6893  
City ROCKFORD State IL Zip Code 61125-1893  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 24 / 2015  
**Transaction ID : 64789215**  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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 46
	<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. MR RICHARD L CORRIGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37179 DEVON WICK LN  
 City PURCELLVILLE State VA Zip Code 20132-5056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CH2M HILL Occupation EXECUTIVE  
 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  
 02 / 26 / 2015  
**Transaction ID : 64789354**  
 Amount of Each Receipt this Period  
 250.00

**B. D D MCNEILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 430  
 City LENOIR State NC Zip Code 28645-0430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PATHOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : 64789628**  
 Amount of Each Receipt this Period  
 200.00

**C. DR RONNIE E E WHITE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 W CANEBRAKE BLVD  
 City HATTIESBURG State MS Zip Code 39402-8304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015  
**Transaction ID : 64789790**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 46
	<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. MR EDWARD A LOZICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 29425 CHAGRIN BLVD STE 201

City BEACHWOOD	State OH	Zip Code 44122-4602
-------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	26	/	2015

**Transaction ID : 64789961**

Amount of Each Receipt this Period  
250.00

**B. DALE KELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 PARK RD

City MORRIS PLAINS	State NJ	Zip Code 07950-2511
-----------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	27	/	2015

**Transaction ID : 64789989**

Amount of Each Receipt this Period  
250.00

**C. MR WILLIAM D GUINN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2691 MAPLEWOOD DR

City COLUMBUS	State OH	Zip Code 43231-4856
------------------	-------------	------------------------

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

Name of Employer	Occupation retired
------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	02	/	2015

**Transaction ID : 64790037**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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: PAGE 22 OF 46  
(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 (Last, First, Middle Initial)  
**A. MR BILL L WALKER**

Mailing Address 5 SAINT ANDREWS CT

City State Zip Code  
 FRISCO TX 75034-6822

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

Name of Employer Occupation  
 RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : 64790280**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. MR PAUL SWINDELL**

Mailing Address 760 W 900 N

City State Zip Code  
 ALEXANDRIA IN 46001-8366

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

Name of Employer Occupation  
 Self Employed Farmer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : 64790365**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. MR JACK T EHRESMAN**

Mailing Address 2602 N 650 W

City State Zip Code  
 W LAFAYETTE IN 47906-9477

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

Name of Employer Occupation  
 Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : 64790543**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**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: PAGE 23 OF 46  
(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 (Last, First, Middle Initial)  
**A. MR SCOTT BUERGE**  
 Mailing Address PO BOX 590  
 City State Zip Code  
 NEVADA MO 64772-0590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Metz Banking Company Banker  
 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  
 02 / 17 / 2015  
**Transaction ID : 64790679**  
 Amount of Each Receipt this Period  
 400.00

Full Name (Last, First, Middle Initial)  
**B. MR BILL CARTWRIGHT**  
 Mailing Address 7237 BOYD LN  
 City State Zip Code  
 LAS VEGAS NV 89131-2504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PL SALES INC. MGR.  
 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  
 02 / 19 / 2015  
**Transaction ID : 64790683**  
 Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. MS DOLORES E PAINTER**  
 Mailing Address 146971 OLD CABIN RD  
 City State Zip Code  
 GILCHRIST OR 97737-9738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 02 / 09 / 2015  
**Transaction ID : 64790956**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**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: PAGE 24 OF 46  
(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. MR JOSEPH W W KULIK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7840 S HIGH ST  
 City State Zip Code  
 CENTENNIAL CO 80122-3183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DENVER EARTH RESOURCES LIBRARY PETROLEUM GEOLOGIST  
 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  
 02 / 20 / 2015  
**Transaction ID : 64791016**  
 Amount of Each Receipt this Period  
 100.00

**B. A AJSTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1018 25TH ST  
 City State Zip Code  
 PERU IL 61354-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 02 / 24 / 2015  
**Transaction ID : 64791071**  
 Amount of Each Receipt this Period  
 200.00

**C. LAURAYNE B DAVISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17728 US HIGHWAY 40  
 City State Zip Code  
 KREMMLING CO 80459-9605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 02 / 03 / 2015  
**Transaction ID : 64792059**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**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 25 OF 46
	<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	<input type="checkbox"/> 17

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

**A. MR CHARLES GRANT**  
Full Name (Last, First, Middle Initial)

Mailing Address 3198 RIDGECREST ST

City MEMPHIS State TN Zip Code 38127-6330

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

Name of Employer US NAVY Occupation 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  
 02 / 17 / 2015  
**Transaction ID : 64792965**

Amount of Each Receipt this Period  
 100.00

**B. MR HARVEY C KING**  
Full Name (Last, First, Middle Initial)

Mailing Address 1164 BISHOP ST STE 1710

City HONOLULU State HI Zip Code 96813-2860

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

Name of Employer King & Neel, Inc. Occupation Insurance Broker

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  
 02 / 05 / 2015  
**Transaction ID : 64793007**

Amount of Each Receipt this Period  
 250.00

**C. MR JOHN LUCKASEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4242 FARNAM ST STE 260

City OMAHA State NE Zip Code 68131-2850

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

Name of Employer Self Employed Occupation Physician

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  
 02 / 17 / 2015  
**Transaction ID : 64794371**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> 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: PAGE 26 OF 46  
(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 (Last, First, Middle Initial)  
**A. MR JEFF CARLSON**

Mailing Address 11263 CASCADA WAY

City State Zip Code  
 SAN DIEGO CA 92124-2878

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

Name of Employer Occupation  
 RETIRED 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  
 02 / 06 / 2015  
**Transaction ID : 64794465**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**B. MR MARC D SHANNON**

Mailing Address 3732 RIVER DR S

City State Zip Code  
 FARGO ND 58104-6420

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

Name of Employer Occupation  
 Northern Technologies, Inc. Civil Engineer

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  
 02 / 19 / 2015  
**Transaction ID : 64794722**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. MR KIRK COURSON**

Mailing Address 1800 S MAIN ST

City State Zip Code  
 PERRYTON TX 79070-5908

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

Name of Employer Occupation  
 Courson Gas Consultants, Inc. Oil & Gas Producer

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  
 02 / 25 / 2015  
**Transaction ID : 64794808**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**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: PAGE 27 OF 46  
(check only one)

<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. MR THADDEUS BUDA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2417 CHELTINGHAM BLVD  
City LANSING State MI Zip Code 48917-5158  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AUTO-OWNERS INSURANCE COMPANY Occupation 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  
02 / 06 / 2015  
**Transaction ID : 64795103**  
Amount of Each Receipt this Period  
250.00

**B. MR JOHN ANDREWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 431 KINGSTON CT  
City MOUNT PROSPECT State IL Zip Code 60056-6068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 23 / 2015  
**Transaction ID : 64795463**  
Amount of Each Receipt this Period  
100.00

**C. MR JOHN ANDREWS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 431 KINGSTON CT  
City MOUNT PROSPECT State IL Zip Code 60056-6068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
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  
02 / 23 / 2015  
**Transaction ID : 64795464**  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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: PAGE 28 OF 46  
(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 (Last, First, Middle Initial)  
**A. MR JAMES C DYER IV**

Mailing Address **25 STONEGATE CIR**

City **SANTA FE**   State **NM**   Zip Code **87506-8234**

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

Name of Employer **VITOL INC.**   Occupation **EXECUTIVE**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**02 / 24 / 2015**

**Transaction ID : 64795612**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. MR ED ATLEE**

Mailing Address **56 PARKWOOD DR**

City **AUGUSTA**   State **ME**   Zip Code **04330-6253**

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

Name of Employer   Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**02 / 23 / 2015**

**Transaction ID : 64795746**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. MR DANA E MITCHELL**

Mailing Address **HC 66 BOX 625**

City **MOYERS**   State **OK**   Zip Code **74557-9746**

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

Name of Employer   Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**02 / 11 / 2015**

**Transaction ID : 64796668**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **750.00**

**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 29 OF 46
	<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**

Full Name (Last, First, Middle Initial) <b>A. MR JEROME FICK</b>		Date of Receipt
Mailing Address 706 7TH ST		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
LITCHVILLE	ND	58461-7304
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 64796883</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR STEPHEN M PALMER</b>		Date of Receipt
Mailing Address 2746 HARTWICK LN		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
LAS VEGAS	NV	89134-7484
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 64797445</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR TIM BEAMES</b>		Date of Receipt
Mailing Address 10563 MILL DAM RD		<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
BURLINGTON	IA	52601-8500
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 64797746</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Beames Welding & Repair, Inc.	Marketing	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 30 OF 46
<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. MR WILLIAM W BRINTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19201 HIGHWAY 12 STE 402  
 City SONOMA State CA Zip Code 95476-5413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charles Creek Vintners, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2015  
**Transaction ID : 64797798**  
 Amount of Each Receipt this Period  
 500.00

**B. MR WILLIAM HARVIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9747 PEBBLE BEACH DR  
 City SANTEE State CA Zip Code 92071-2016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TORREY PINES HIGH SCHOOL Occupation TEACHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2015  
**Transaction ID : 64797813**  
 Amount of Each Receipt this Period  
 500.00

**C. MR WILLIAM HARVIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9747 PEBBLE BEACH DR  
 City SANTEE State CA Zip Code 92071-2016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TORREY PINES HIGH SCHOOL Occupation TEACHER  
 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  
 02 / 02 / 2015  
**Transaction ID : 64797814**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 31 OF 46
	<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. DR ROLAND R TINDLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4535 ORION RD

City ROCHESTER State MI Zip Code 48306-1710

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

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  
 02 / 10 / 2015  
**Transaction ID : 64797881**

Amount of Each Receipt this Period  
 250.00

**B. MR JERRY L EAST JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 12705 CASTLE RD

City LOUISVILLE State KY Zip Code 40272-4709

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

Name of Employer Occupation Maintenance Technician

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  
 02 / 28 / 2015  
**Transaction ID : 64797946**

Amount of Each Receipt this Period  
 120.00

**C. MR CURTIS B HALDEMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 209 WARREN RD

City JERSEY SHORE State PA Zip Code 17740-8229

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

Name of Employer Geisinger Health System Occupation Pilot

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  
 02 / 17 / 2015  
**Transaction ID : 64798028**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 670.00

**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 32 OF 46
	<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. MR JAMES R LOCKWOOD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12509 TIMBERWOOD DR

City WALKER State LA Zip Code 70785-5744

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

Name of Employer B & D PLUMBING Occupation LICENSED MED GAS INSTALLER / P

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : 64798110**

Amount of Each Receipt this Period  
 200.00

**B. MR ROBERT YANCEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1800 PICCADILLY DR

City SIERRA VISTA State AZ Zip Code 85635-5091

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

Name of Employer Center for Academic Success Occupation Treasurer

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  
 02 / 02 / 2015  
**Transaction ID : 64798566**

Amount of Each Receipt this Period  
 250.00

**C. MR JOHN M LEMIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 LAKE LATIMER DR NE

City KENNESAW State GA Zip Code 30144-1597

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2015  
**Transaction ID : 64798716**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> 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: PAGE 33 OF 46  
(check only one)

<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**

Full Name (Last, First, Middle Initial)  
**A. WAYNE VALENTINE**

Mailing Address 2255 SHERI DR

City EMMETT	State ID	Zip Code 83617-9423
----------------	-------------	------------------------

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

Name of Employer	Occupation Retired
------------------	-----------------------

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
02	/	17	/	2015

**Transaction ID : 64798883**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. RUTH BREWER**

Mailing Address 13701 COUNTY ROAD 39

City PLATTEVILLE	State CO	Zip Code 80651-8208
---------------------	-------------	------------------------

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

Name of Employer	Occupation RETIRED
------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

**Transaction ID : 64798981**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. MR RICHARD GRIFFITH**

Mailing Address PO BOX 91610

City LAFAYETTE	State LA	Zip Code 70509-1610
-------------------	-------------	------------------------

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

Name of Employer SELF EMPLOYED	Occupation INVESTOR
-----------------------------------	------------------------

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
02	/	17	/	2015

**Transaction ID : 64799459**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> 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:	PAGE 34 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. MR HARVEY HAHN</b>		Date of Receipt
Mailing Address 1007 EMIL MEYER RD		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 64800139</b>
YORKTOWN	TX	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="500.00"/>
	78164-3440	
Name of Employer	Occupation	
HARVEY HAHN FARM	FARMER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR JOE A TUBB</b>		Date of Receipt
Mailing Address 1112 MAPLE ST APT D		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 64800360</b>
S PASADENA	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="200.00"/>
	91030-4378	
Name of Employer	Occupation	
Thirty Meter Telescope	Opto Mechanical Engineer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR DAVID J BORGEN</b>		Date of Receipt
Mailing Address 429 E DUPONT RD # 306		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : 64800365</b>
FORT WAYNE	IN	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="250.00"/>
	46825-2051	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="950.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 35 OF 46  
(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 (Last, First, Middle Initial)  
**A. KAREN LIEN**

Mailing Address 1435 ELEPHANT RD

City State Zip Code  
 PERKASIE PA 18944-3809

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

Name of Employer Occupation  
 RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : 64800846**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. MR STEVEN L BENTON**

Mailing Address 94 WATKINS FORD RD

City State Zip Code  
 IBERIA MO 65486-9249

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

Name of Employer Occupation  
 AMEREN RETIRED / FARMER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : 64801119**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. DEASERAE DOMANGUE**

Mailing Address 6423 HIGHWAY 87

City State Zip Code  
 JEANERETTE LA 70544-8327

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

Name of Employer Occupation

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  
 02 / 17 / 2015  
**Transaction ID : 64802593**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33896.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 46  
(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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

**A. BB&T Bank**

Full Name (Last, First, Middle Initial)

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 Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.15**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2015**

**Transaction ID : 64774539**

Amount of Each Receipt this Period  
**0.07**

Interest Income

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

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

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>0.07</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>0.07</b>

**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"/> 24	<input type="checkbox"/> 25	<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

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 64167119**

Amount of Each Disbursement this Period

Website Hosting / Service Fee

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 64774538**

Amount of Each Disbursement this Period

Bank Service Fee

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 64774540**

Amount of Each Disbursement this Period

Account Analysis Fee

**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"/> 24	<input type="checkbox"/> 25	<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  
Check / Deposit Slip Order

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

**Transaction ID : 64774541**

Amount of Each Disbursement this Period

127.93

Check / Deposit Slip Order

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

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2015

**Transaction ID : 64774542**

Amount of Each Disbursement this Period

827.63

Account Analysis Fee

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2015

**Transaction ID : 64774543**

Amount of Each Disbursement this Period

141.42

Credit Card Fees

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

1096.98

**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"/> 24	<input type="checkbox"/> 25	<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. 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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2015

**Transaction ID : 64774544**

Amount of Each Disbursement this Period

232.57

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. 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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2015

**Transaction ID : 64774545**

Amount of Each Disbursement this Period

2270.46

Credit Card Fees

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2503.03

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

5336.93

**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"/> 24	<input type="checkbox"/> 25	<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. Friends Of Dennis Ross**

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement

011

Candidate Name

**Dennis Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2015

**Transaction ID : 64005277**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Rob Wittman For Congress**

Mailing Address PO Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement

011

Candidate Name

**Rep. Robert J. Wittman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2015

**Transaction ID : 64005278**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of Kelly Ayotte**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Candidate Name

**Sen. Kelly Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2015

**Transaction ID : 64005279**

Amount of Each Disbursement this Period

2500.00
---------

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

4500.00
---------

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

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**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"/> 24	<input type="checkbox"/> 25	<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. Jenkins For Congress**

Mailing Address PO Box 727

City State Zip Code  
Huntington WV 25711

Purpose of Disbursement  
Debt Retirement

011
Category/ Type

Candidate Name

**Rep. Evan Hollins Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
General Debt 2014

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2015

**Transaction ID : 64005280**

Amount of Each Disbursement this Period

1000.00
---------

Debt Retirement

Full Name (Last, First, Middle Initial)

**B. Sullivan For US Senate**

Mailing Address 3705 Arctic Blvd #447

City State Zip Code  
Anchorage AK 99503

Purpose of Disbursement  
Void - Sullivan For U.S. Senate

011
Category/ Type

Candidate Name

**Dan Sullivan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

**Transaction ID : 64427718**

Amount of Each Disbursement this Period

-2000.00
----------

Void - Sullivan For U.S. Senate

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 M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

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

-1000.00
----------

3500.00
---------

**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"/> 24	<input type="checkbox"/> 25	<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. Alabamians for Luther Strange**

Mailing Address P.O. Box 3196

City Montgomery State AL Zip Code 36109

Purpose of Disbursement  
Debt Retirement

011

Candidate Name

**Luther Strange**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2015

**Transaction ID : 63999048**

Amount of Each Disbursement this Period

5000.00
---------

Debt Retirement

Full Name (Last, First, Middle Initial)

**B. The Charles Jeter Committee**

Mailing Address 15806 Brookway Drive, Suite 600

City Huntersville State NC Zip Code 28078

Purpose of Disbursement  
Charles Jeter, STATE HOUSE 92nd NC

011

Candidate Name

**NC Rep. Charles Jeter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2015

**Transaction ID : 64005124**

Amount of Each Disbursement this Period

250.00
--------

Charles Jeter, STATE HOUSE 92nd NC

Full Name (Last, First, Middle Initial)

**C. Friends of Tim Moore**

Mailing Address 305 East King Street

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement  
Tim Moore, STATE HOUSE 111th NC

011

Candidate Name

**NC Rep. Tim Moore**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2015

**Transaction ID : 64005185**

Amount of Each Disbursement this Period

1000.00
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Tim Moore, STATE HOUSE 111th NC

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

6250.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 24	<input type="checkbox"/> 25	<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. Phil Berger Committee**

Mailing Address P.O. Box 1309

City Edén State NC Zip Code 27289-1309

Purpose of Disbursement  
Philip Berger, STATE SENATE 26th NC

Category/  
Type

Candidate Name

**Philip E Berger**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 64005186**

Amount of Each Disbursement this Period

Philip Berger, STATE SENATE 26th NC

Full Name (Last, First, Middle Initial)

**B. Republican Party of New Mexico**

Mailing Address P.O. Box 94083

City Albuquerque State NM Zip Code 87199

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 64005248**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Prolist Inc.**

Mailing Address 4510 Buckeystown Pike, Suite M

City Frederick State MD Zip Code 21704-7539

Purpose of Disbursement  
Independent Expenditure - Postage

Category/  
Type

Candidate Name

**Jose Menendez**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 64178758**

Amount of Each Disbursement this Period

Independent Expenditure - Postage

**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"/> 24	<input type="checkbox"/> 25	<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. Prolist Inc.**

Mailing Address 4510 Buckeystown Pike, Suite M

City Frederick State MD Zip Code 21704-7539

Purpose of Disbursement  
Independent Expenditure - Postcards

004

Category/  
Type

Candidate Name

**Jose Menendez**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : 64178760**

Amount of Each Disbursement this Period

841.80

Independent Expenditure - Postcards

Full Name (Last, First, Middle Initial)

**B. Friends of Jeanie Forrester**

Mailing Address 78 Tracy Way

City Meredith State NH Zip Code 03253

Purpose of Disbursement  
Jeanie Forrester, STATE SENATE 2nd NH

011

Category/  
Type

Candidate Name

**NH Sen. Jeanie Forrester**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : 64182575**

Amount of Each Disbursement this Period

250.00

Jeanie Forrester, STATE SENATE 2nd NH

Full Name (Last, First, Middle Initial)

**C. Jerry Little for State Senate**

Mailing Address 75 Woodbury Road

City Weare State NH Zip Code 03281

Purpose of Disbursement  
Gerald Little, STATE SENATE 8th NH

011

Category/  
Type

Candidate Name

**NH Sen. Gerald Little**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : 64182649**

Amount of Each Disbursement this Period

250.00

Gerald Little, STATE SENATE 8th NH

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

1341.80

**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"/> 24	<input type="checkbox"/> 25	<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. Prolist Inc.**

Mailing Address 4510 Buckeystown Pike, Suite M

City State Zip Code  
Frederick MD 21704-7539

Purpose of Disbursement  
Independent Expenditure - Postage

004

Category/  
Type

Candidate Name

**Craig Parisot**

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  
02 / 09 / 2015

**Transaction ID : 64192492**

Amount of Each Disbursement this Period

383.85

Independent Expenditure - Postage

Full Name (Last, First, Middle Initial)

**B. Prolist Inc.**

Mailing Address 4510 Buckeystown Pike, Suite M

City State Zip Code  
Frederick MD 21704-7539

Purpose of Disbursement  
Independent Expenditure - Postcards

004

Category/  
Type

Candidate Name

**Craig Parisot**

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  
02 / 09 / 2015

**Transaction ID : 64192588**

Amount of Each Disbursement this Period

338.08

Independent Expenditure - Postcards

Full Name (Last, First, Middle Initial)

**C. Citizens to Elect Ron Sandack**

Mailing Address 1202N 75th Street, #113

City State Zip Code  
Downers Grove IL 60516

Purpose of Disbursement  
Ronald Sandack, STATE HOUSE 81st IL

011

Category/  
Type

Candidate Name

**Ronald Sandack**

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  
02 / 13 / 2015

**Transaction ID : 64205660**

Amount of Each Disbursement this Period

250.00

Ronald Sandack, STATE HOUSE 81st IL

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

971.93

**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"/> 24	<input type="checkbox"/> 25	<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. David McSweeney for State Representative**

Mailing Address P.O. Box 3701

City State Zip Code  
Barrington IL 60011

Purpose of Disbursement  
David McSweeney, STATE HOUSE 52nd IL

Candidate Name  
**IL Rep. David McSweeney**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2015

**Transaction ID : 64430139**

Amount of Each Disbursement this Period

250.00
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David McSweeney, STATE HOUSE 52nd IL

**011**  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Friends of Mark Batinick**

Mailing Address 13707 S. Lake Drive

City State Zip Code  
Plainfield IL 60544

Purpose of Disbursement  
Mark Batinick, STATE HOUSE 97th IL

Candidate Name  
**IL Rep. Mark Batinick**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2015

**Transaction ID : 64430140**

Amount of Each Disbursement this Period

250.00
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Mark Batinick, STATE HOUSE 97th IL

**011**  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00
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11935.23
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