

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 99 OF 237
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

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

A. SMITHGALL, CHARLES W, , MR,

Mailing Address 534 W LEMON ST

City
LANCASTERState
PAZip Code
17603-3323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2020

Transaction ID : 82292643

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. GRANT, CLAUDE E, , ,

Mailing Address PO BOX 816

City
NEW HARMONYState
UTZip Code
84757-0816FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFO REQUESTEDOccupation (for Individual)
INFO REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2020

Transaction ID : 82292675

Amount of Each Receipt this Period

96.00

☐ Memo Item

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

C. EDGINGTON, WALTER C, , MR,

Mailing Address 15230 THOMPSON RD

City
THOMPSONState
OHZip Code
44086-9756FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2020

Transaction ID : 82292831

Amount of Each Receipt this Period

160.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

456.00

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