

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 207 OF 701

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Rifle Association of America Political Victory Fund

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

A. SHARP, DAVID, , MR,

Mailing Address 2909 CHATTERTON DR

City
SAN ANGELO

State
TX

Zip Code
76904-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
LIFE INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2019

Transaction ID : 80911545

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. SHARP, DAVID, , MR,

Mailing Address 2909 CHATTERTON DR

City
SAN ANGELO

State
TX

Zip Code
76904-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
LIFE INSURANCE SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2019

Transaction ID : 80911546

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. MULLINS, FRED, L, MR,

Mailing Address 2155 FEAST ROAD

City
W. MELBOURNE

State
FL

Zip Code
32904-6519

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYED

Occupation (for Individual)
HEALTH INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2019

Transaction ID : 80911559

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

245.00