

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

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

FOR LINE NUMBER: PAGE 65 OF 959

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

A. TIPTON, HUGH H, , MR, JR

Mailing Address 3212 S SAINT JOSEPH ST

City  
SOUTH BEND

State  
IN

Zip Code  
46614-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFO REQUESTED

Occupation (for Individual)  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2019

Transaction ID : 81306420

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

B. TURK, LAWRENCE V, , MR,

Mailing Address 37 PINEDALE AVE

City  
FARMINGVILLE

State  
NY

Zip Code  
11738-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2019

Transaction ID : 81306426

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. PFAFF, BETTY, , MS,

Mailing Address PO BOX 440

City  
DIAMONDVILLE

State  
WY

Zip Code  
83116-0440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFO REQUESTED

Occupation (for Individual)  
INFO REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2019

Transaction ID : 81306429

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

135.00

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