

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

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

FOR LINE NUMBER: PAGE 904 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. SNYDER, TIM, , MR,**

Mailing Address PO BOX 291

City  
HARROD

State  
OH

Zip Code  
45850-0291

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLEN COUNTY EARTHWORKS

Occupation (for Individual)  
HEAVY EQUIPMENT OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

**Transaction ID : 81327329**

Amount of Each Receipt this Period

0.00

☒ Memo Item

ADDING EMPLOYER AND OCCUPATION  
INFORMATION

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

**B. PIROZZI, GEORGE, , MR,**

Mailing Address 414 MARINERS WAY

City  
COPIAGUE

State  
NY

Zip Code  
11726-5114

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 ▼

257.00

Date of Receipt

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

**Transaction ID : 81327330**

Amount of Each Receipt this Period

0.00

☒ Memo Item

ADDING EMPLOYER AND OCCUPATION  
INFORMATION

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

**C. FRY, ELMER, , MR,**

Mailing Address 746 BROCKWAY RD UNIT B

City  
CHEHALIS

State  
WA

Zip Code  
98532-9673

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 ▼

209.00

Date of Receipt

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

**Transaction ID : 81327331**

Amount of Each Receipt this Period

0.00

☒ Memo Item

ADDING EMPLOYER AND OCCUPATION  
INFORMATION

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

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

0.00