

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
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** C00053553  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2006 through 02 28 2006

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 Electronically Filed by Mary Rose Adkins Date 03 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
National Rifle Association of America Political Victory Fund

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		2563588.62
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	2932317.00									
(c) Total Receipts (from Line 19) .....	556583.01	1152554.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3488900.01	3716143.39								
7. Total Disbursements (from Line 31) .....	229207.42	456450.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3259692.59	3259692.59								
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**

Write or Type Committee Name  
National Rifle Association of America Political Victory Fund

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

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	10340.00	18115.00
(i) Itemized (use Schedule A) .....	538951.98	1120867.80
(ii) Unitemized .....	549291.98	1138982.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	549291.98	1138982.80
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.) .....	7291.03	13571.97
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 Transfer (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)) .....	556583.01	1152554.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	556583.01	1152554.77

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	129532.42	284926.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	129532.42	284926.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22150.00	77300.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	77525.00	94224.67
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	229207.42	456450.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	229207.42	456450.80

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	549291.98	1138982.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	549291.98	1138982.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	129532.42	284926.13
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	129532.42	284926.13

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 42
	<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

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 (Last, First, Middle Initial) <b>A. MR DELBERT T JOHNSTON, JR</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 8027 E WILLIAMS DR		<b>Transaction ID: 13431244</b>	
City SCOTTSDALE	State AZ	Zip Code 85255-4910	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer THE MARKETING PRO'S, INC.	Occupation MANUFACTURERS AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. MR SAM J SEBASTIANI</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 19180 OLD WINERY RD		<b>Transaction ID: 13432500</b>	
City SONOMA	State CA	Zip Code 95476-4842	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. MR JAMES D CARROLL, SR.</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 925 FREEDOM BLVD # A201		<b>Transaction ID: 13439360</b>	
City WATSONVILLE	State CA	Zip Code 95076-4403	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation CONSUMER CREDIT EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<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	

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.** Full Name (Last, First, Middle Initial)  
MR STEVEN J MONTAGINO

Mailing Address 1555 BROCKTON AVE APT 3

City State Zip Code  
LOS ANGELES CA 90025-2733

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

Name of Employer Occupation  
LA COUNTY FIRE DEPARTMENT ELECTRICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2006

**Transaction ID:** 13425879

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
MR EDWIN A SEIPP

Mailing Address 49 TUSCALOOSA AVE

City State Zip Code  
ATHERTON CA 94027-4014

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  
MM / DD / YYYY  
02 / 20 / 2006

**Transaction ID:** 13428015

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
MR GEORGE B B KINKADE

Mailing Address 130 BULL RUN RD

City State Zip Code  
KERNVILLE CA 93238-0261

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  
MM / DD / YYYY  
02 / 22 / 2006

**Transaction ID:** 13427804

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 42
	<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

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 (Last, First, Middle Initial) <b>A. MR ROBERT J BOHN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address PO BOX 2008		<b>Transaction ID: 13422085</b>	
City KERNVILLE	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 93238-2008		Transaction ID: 13422085	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer PARAMEDIC	Occupation C.A.R.E. - EMS	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00	

Full Name (Last, First, Middle Initial) <b>B. MR DOUGLAS C BUSH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 411 E 6TH AVE		<b>Transaction ID: 13429491</b>	
City WINDERMERE	State FL	Amount of Each Receipt this Period 100.00	
Zip Code 34786-3517		Transaction ID: 13429491	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer SSW AND BUSH CONTRACTORS, LLC	Occupation PRESIDENT	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 100.00	

Full Name (Last, First, Middle Initial) <b>C. MR FITZHUGH K POWELL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address PO BOX 41490		<b>Transaction ID: 13425714</b>	
City JACKSONVILLE	State FL	Amount of Each Receipt this Period 150.00	
Zip Code 32203-1490		Transaction ID: 13425714	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer CECIL W. POWELL & CO.	Occupation INSURANCE SALES	Amount of Each Receipt this Period 150.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	500.00



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 42
	<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

**A.** Full Name (Last, First, Middle Initial)  
MR KENNETH DENSMORE

Mailing Address 5854 CAMPGROUND RD

City State Zip Code  
CUMMING GA 30040-6211

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 0 1 / 2 0 0 6

Transaction ID: 13436985

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
MR CHARLES IVY

Mailing Address 2226 WALLINGTON DR

City State Zip Code  
ALBANY GA 31721-8984

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 0 1 / 2 0 0 6

Transaction ID: 13430989

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
MR KENNETH DAVIS

Mailing Address HC 01 BOX 125D

City State Zip Code  
WHITE BIRD ID 83554-0168

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 / D D / Y Y Y Y Y  
 0 2 / 0 1 / 2 0 0 6

Transaction ID: 13433419

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<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	

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. Full Name (Last, First, Middle Initial) MR LLOYD SMITH		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO BOX 16		Transaction ID: 13430910
City GOULD CITY	State MI	Zip Code 49838-0016
Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) MR GREG OSTRANDER		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address PO BOX 134		Transaction ID: 13432833
City DEWITT	State MI	Zip Code 48820-0134
Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation COLLEGE STUDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) MR JOHN D PEARSON		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address PO BOX 683		Transaction ID: 13430408
City WATERSMEET	State MI	Zip Code 49969-0683
Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		
Name of Employer BRUCE OFFRET	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ..... ▶	850.00
TOTAL This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 42
	<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

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 (Last, First, Middle Initial) <b>A. HAROLD BECKMAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 3226 STICKNEY CREEK RD		<b>Transaction ID: 13441785</b>
City State Zip Code CASCADE MT 59421-8248	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR JOHNNIE MILAM</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 3957 EUCLID ST		<b>Transaction ID: 13437197</b>
City State Zip Code LAS VEGAS NV 89121-4103	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation RETIRED	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAVID BEIDLER</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 311 W SAUGERTIES RD		<b>Transaction ID: 13439738</b>
City State Zip Code WOODSTOCK NY 12498-2026	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation RADIAN REINSURANCE REINSURANCE EXEC	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 42
	(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

**A.** Full Name (Last, First, Middle Initial)  
MR IRAM STEIN

Mailing Address 3170 OAKWOOD CT

City YORKTOWN State NY Zip Code 10598-2514

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

Name of Employer DISABLED Occupation DISABLED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 7 / 2 0 0 6

**Transaction ID:** 13431761

Amount of Each Receipt this Period  
 55.00

**B.** Full Name (Last, First, Middle Initial)  
MR KEVIN J MOORE

Mailing Address PO BOX 2684

City ZANESVILLE State OH Zip Code 43702-2684

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  
 0 2 / 0 9 / 2 0 0 6

**Transaction ID:** 13438966

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
MR K C WALDO, JR

Mailing Address PO BOX 6746

City CLEVELAND State OH Zip Code 44101-1746

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

Name of Employer SHERWIN WILLIAMS Occupation CHEMIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 3 / 2 0 0 6

**Transaction ID:** 13435924

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>585.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 42
	<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	

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.** Full Name (Last, First, Middle Initial)  
MR ARLAN A A HESSE

Mailing Address 1716 COUNTY ROAD 69

City State Zip Code  
PROCTORVILLE OH 45669-8950

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

Name of Employer Occupation  
INCO ALLOYS INTERNATIONAL RETIRED - METALLURGIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: 13436175

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MR MARVIN L LINCE

Mailing Address 12777 SW TUALATIN SHERWOOD RD

City State Zip Code  
TUALATIN OR 97062-8051

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

Name of Employer Occupation  
COLUMBIA CORRUGATED BOX CO. PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 6 / 2 0 0 6

Transaction ID: 13425522

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
MR NORMAN DAVIDSON, JR

Mailing Address 1620 NW GRANT AVE

City State Zip Code  
CORVALLIS OR 97330-2641

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

Name of Employer Occupation  
UNEMPLOYED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: 13432756

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) <b>A. MR ED WALSH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 1112 BELVEDERE RD		<b>Transaction ID: 13434044</b>	
City BOOTHWYN	State PA	Zip Code 19061-1523	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. MR ROBERT E NACE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address PO BOX 267		<b>Transaction ID: 13433814</b>	
City RICHFIELD	State PA	Zip Code 17086-0267	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. MR CHARLES GRANT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 3198 RIDGECREST ST		<b>Transaction ID: 13439065</b>	
City MEMPHIS	State TN	Zip Code 38127-6330	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer US NAVY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) <b>A. DR MICHAEL A CREMER</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 1482 HOLLOW FORK CV		<b>Transaction ID: 13437570</b>	
City State Zip Code GERMANTOWN TN 38138-1719	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VA MEDICAL CENTER	Occupation PHYSICAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. MR STEVE MASSEY</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6	
Mailing Address 280 ROYCE LN		<b>Transaction ID: 13436731</b>	
City State Zip Code ONEIDA TN 37841-6491	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ADVANCE FOOD COMPANY	Occupation SUPPLIES COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. MR RAYMOND FRITZ</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 9822 ANGELA CT		<b>Transaction ID: 13425536</b>	
City State Zip Code SPRING TX 77379-8401	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation RENTAL PROPERTY OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	475.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 42
	<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	

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 (Last, First, Middle Initial) <b>A. MR CRAIG TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 2620 STONE CREEK DR		<b>Transaction ID: 13437380</b>	
City PLANO	State TX	Zip Code 75075-2910	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. MR RICHARD L CORRIGAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 37179 E DEVON WICK LN		<b>Transaction ID: 13434980</b>	
City PURCELLVILLE	State VA	Zip Code 20132-5056	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CH2M HILL		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MR FREDERICK G WENNINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 1131 OAKWOOD MANOR DR		<b>Transaction ID: 13432804</b>	
City HUBERTUS	State WI	Zip Code 53033-9505	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	10340.00



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 42
	<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	

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 (Last, First, Middle Initial) <b>A. Bank of the West</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 224 Box Butte Avenue		<b>Transaction ID: 13372522</b>	
City State Zip Code Alliance NE 69301	Amount of Each Receipt this Period 1.28		Interest Income
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1.82			

Full Name (Last, First, Middle Initial) <b>B. Wachovia Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 10501 Main Street		<b>Transaction ID: 13372420</b>	
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 7278.23		Interest Income
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 13557.28			

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 11230 Waples Mill Road		<b>Transaction ID: 13372587</b>	
City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 1.22		Interest Income
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2.57			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7280.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 18 / 42

(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 checked="" 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

**A.** Full Name (Last, First, Middle Initial)  
Wachovia Bank

Mailing Address 10501 Main Street

City State Zip Code  
Fairfax VA 22030

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 13567.58

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: 13372584

Amount of Each Receipt this Period

5.41

Interest Income

**B.** Full Name (Last, First, Middle Initial)  
Wachovia Bank

Mailing Address 10501 Main Street

City State Zip Code  
Fairfax VA 22030

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 13562.17

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: 13372570

Amount of Each Receipt this Period

4.89

Interest Income

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

10.30

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

7291.03

# 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)

PAGE 19 / 42

<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

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 (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		<b>Transaction ID:</b> 13371874 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address P.O. BOX 53852		Amount of Each Disbursement this Period 221.22
City PHOENIX State AZ Zip Code 85072	Credit Card Fees	
Purpose of Disbursement Credit Card Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Wachovia - Account Analysis</b>		<b>Transaction ID:</b> 13371885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 2080		Amount of Each Disbursement this Period 1416.34
City Jacksonville State FL Zip Code 32231	Account Analysis Fee	
Purpose of Disbursement Account Analysis Fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Wachovia - Account Analysis</b>		<b>Transaction ID:</b> 13371935 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 2080		Amount of Each Disbursement this Period 3.00
City Jacksonville State FL Zip Code 32231	Account Analysis Fee	
Purpose of Disbursement Account Analysis Fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1640.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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)

PAGE 20 / 42

<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

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 (Last, First, Middle Initial) <b>A. Wachovia - Account Analysis</b>		<b>Transaction ID:</b> 13372246 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 2080		Amount of Each Disbursement this Period 3.00
City Jacksonville State FL Zip Code 32231	Account Analysis Fee	
Purpose of Disbursement Account Analysis Fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID:</b> 13372123 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 1500 St. Louis Avenue		Amount of Each Disbursement this Period 25.00
City St. Louis State MO Zip Code 63106	Account Analysis Fee	
Purpose of Disbursement Account Analysis Fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Bank of the West</b>		<b>Transaction ID:</b> 13372629 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 224 Box Butte Avenue		Amount of Each Disbursement this Period 10.00
City Alliance State NE Zip Code 69301	Account Analysis Fee	
Purpose of Disbursement Account Analysis Fee Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	38.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

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 (Last, First, Middle Initial) <b>A. Bank of the West</b>		<b>Transaction ID:</b> 13371894 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 224 Box Butte Avenue		Amount of Each Disbursement this Period 12.00
City Alliance State NE Zip Code 69301	Purpose of Disbursement Account Analysis Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Account Analysis Fee

Full Name (Last, First, Middle Initial) <b>B. PAYMENTECH, INC.</b>		<b>Transaction ID:</b> 13371880 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 4 NORTHEASTERN BLVD		Amount of Each Disbursement this Period 1891.16
City SALEM State NH Zip Code 03079	Purpose of Disbursement Credit Card Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Credit Card Fees

Full Name (Last, First, Middle Initial) <b>C. Bank of America - NY</b>		<b>Transaction ID:</b> 13371893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 671 County Route 1		Amount of Each Disbursement this Period 32.02
City Pine Island State NY Zip Code 10969	Purpose of Disbursement Account Analysis Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Account Analysis Fee

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1935.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

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 (Last, First, Middle Initial)

**A. Wachovia Bank**

Mailing Address 10501 Main Street

City State Zip Code  
Fairfax VA 22030

Purpose of Disbursement  
Credit Card Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 13371862

Date of Disbursement

02 / 01 / 2006

Amount of Each Disbursement this Period

15.56

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. Wachovia Bank**

Mailing Address 10501 Main Street

City State Zip Code  
Fairfax VA 22030

Purpose of Disbursement  
Credit Card Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 13371862

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

191.12

Credit Card Fees

Full Name (Last, First, Middle Initial)

**C. Communications Corporation of America**

Mailing Address 13195 Freedom Way

City State Zip Code  
Boston VA 22713

Purpose of Disbursement  
NRA-PVF Fundraising Postage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 12752427

Date of Disbursement

02 / 03 / 2006

Amount of Each Disbursement this Period

54166.39

NRA-PVF Fundraising Postage

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

54373.07

**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)

PAGE 23 / 42

<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

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 (Last, First, Middle Initial) <b>A. Communications Corporation of America</b>		<b>Transaction ID:</b> 12951861 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 13195 Freedom Way		Amount of Each Disbursement this Period 45144.02
City Boston State VA Zip Code 22713	NRA-PVF Fundraising Printing & Mailing	
Purpose of Disbursement NRA-PVF Fundraising Printing & Mailing		Category/Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. AB&amp;C Group, Inc.</b>		<b>Transaction ID:</b> 12801165 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address One Executive Way		Amount of Each Disbursement this Period 12507.80
City Forrester Center State WV Zip Code 25438-1070	Lockbox Service Fees	
Purpose of Disbursement Lockbox Service Fees		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. AB&amp;C Group, Inc.</b>		<b>Transaction ID:</b> 12951859 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address One Executive Way		Amount of Each Disbursement this Period 13893.79
City Forrester Center State WV Zip Code 25438-1070	Lockbox Service Fees	
Purpose of Disbursement Lockbox Service Fees		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>71545.61</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>129532.42</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)

PAGE 24 / 42

<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

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 (Last, First, Middle Initial) <b>A. Simmons For Congress</b>		<b>Transaction ID:</b> 12927586 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 1000.00
City Stonington State CT Zip Code 06378	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Robert R. Simmons	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Keller For Congress</b>		<b>Transaction ID:</b> 12927599 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 1453		Amount of Each Disbursement this Period 1000.00
City Orlando State FL Zip Code 32802	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Richard Keller	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Friends Of Cliff Stearns</b>		<b>Transaction ID:</b> 12927587 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 308		Amount of Each Disbursement this Period 1000.00
City Silver Springs State FL Zip Code 34489	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Cliff B. Stearns	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

PAGE 25 / 42

<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

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 (Last, First, Middle Initial) <b>A. Friends Of Jack Kingston</b>		<b>Transaction ID:</b> 12927600 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 2133		Amount of Each Disbursement this Period 1000.00
City Savannah State GA Zip Code 31402	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Jack Kingston		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Latham For Congress</b>		<b>Transaction ID:</b> 12927615 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000.00
City Clarion State IA Zip Code 50525	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Thomas P. Latham		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Donald A. Manzullo For Congress</b>		<b>Transaction ID:</b> 12927602 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 7783		Amount of Each Disbursement this Period 2000.00
City Rockford State IL Zip Code 61126	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Donald A. Manzullo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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

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

<p><b>A.</b> Roskam For Congress Committee</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 423 W. Wesley Street</p> <p>City Wheaton State IL Zip Code 60189</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Mr. Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 6</p>		<p><b>Transaction ID:</b> 12927601</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p><b>B.</b> Geoff Davis For Congress</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Mr. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KY District: 4</p>		<p><b>Transaction ID:</b> 12927691</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p><b>C.</b> Mccrery For Congress Committee</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Post Office Box 52956 333 Texas Street Suite 1900</p> <p>City Shreveport State LA Zip Code 71135</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Jim McCrery</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District: 4</p>		<p><b>Transaction ID:</b> 12927875</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p>

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

**5500.00**

**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 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

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 (Last, First, Middle Initial) <b>A. Gutknecht For U.S. Congress Committee</b>		<b>Transaction ID: 12927876</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 6428		Amount of Each Disbursement this Period 1000.00
City Rochester State MN Zip Code 55903	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Gil Gutknecht		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. NRA Institute for Legislative Action</b>		<b>Transaction ID: 12935327</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 11250 Waples Mill Road		Amount of Each Disbursement this Period 150.00
City Fairfax State VA Zip Code 22030	011 Category/ Type	
Purpose of Disbursement In Kind - Reception Room Rental		
Candidate Name Mr. Charles Taylor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Peterson</b>		<b>Transaction ID: 12927877</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 114 W. State Street PO Box 295		Amount of Each Disbursement this Period 1000.00
City Pleasantville State PA Zip Code 16341	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John E. Peterson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

PAGE 28 / 42

<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

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 (Last, First, Middle Initial) <b>A. Charlie Dent For Congress</b>		<b>Transaction ID: 12927878</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1500.00
City Allentown State PA Zip Code 18105	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Charles Dent		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Harris County Republican Party</b>		<b>Transaction ID: 12927880</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 3311 Richmond Avenue, Suite 218		Amount of Each Disbursement this Period 5000.00
City Houston State TX Zip Code 77098	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Matheson For Congress</b>		<b>Transaction ID: 12927879</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. James D. Matheson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	22150.00

# 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

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 (Last, First, Middle Initial) <b>A. Friends of Mike Carona</b>		<b>Transaction ID: 12882144</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 4 Venture, Suite 305		Amount of Each Disbursement this Period 500.00
City Irvine State CA Zip Code 92618	Mike Carona, Sheriff CA	
Purpose of Disbursement Mike Carona, Sheriff CA		011 Category/Type
Candidate Name Mike Carona		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:		

Full Name (Last, First, Middle Initial) <b>B. Democratic Governor's Association</b>		<b>Transaction ID: 12935318</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 1401 K Street, NW Suite 200		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20005	Mike Carona, Sheriff CA	
Purpose of Disbursement		011 Category/Type
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Republican Governors Association</b>		<b>Transaction ID: 12935314</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 1747 Pennsylvania Ave., NW Suite		Amount of Each Disbursement this Period 25000.00
City Washington State DC Zip Code 20006	Mike Carona, Sheriff CA	
Purpose of Disbursement		011 Category/Type
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	50500.00
<b>TOTAL</b> 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)

PAGE 30 / 42

<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

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 (Last, First, Middle Initial) <b>A. Committee to Elect Terry Spence</b>		<b>Transaction ID:</b> 12750274 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 34 Chancellor Drive		Amount of Each Disbursement this Period 200.00
City Newark State DE Zip Code 19713	TERRY SPENCE, STATE HOUSE 18th DE	
Purpose of Disbursement TERRY SPENCE, STATE HOUSE 18th DE		011 Category/Type
Candidate Name TERRY SPENCE		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 18		

Full Name (Last, First, Middle Initial) <b>B. Kent County Republican Committee</b>		<b>Transaction ID:</b> 12800434 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 130 Dodge Drive		Amount of Each Disbursement this Period 500.00
City Smyrna State DE Zip Code 19977	TERRY SPENCE, STATE HOUSE 18th DE	
Purpose of Disbursement		011 Category/Type
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Friends of Bob Valihura</b>		<b>Transaction ID:</b> 12882200 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 7386		Amount of Each Disbursement this Period 150.00
City Wilmington State DE Zip Code 19803	ROBERT VALIHURA, STATE HO- USE 10th DE	
Purpose of Disbursement ROBERT VALIHURA, STATE HOUSE 10th DE		011 Category/Type
Candidate Name ROBERT VALIHURA		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	850.00
<b>TOTAL</b> 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

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 (Last, First, Middle Initial) <b>A. Delaware Democratic Party</b>		<b>Transaction ID:</b> 12882164 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 2065		Amount of Each Disbursement this Period 200.00
City Wilmington State DE Zip Code 19899	011 Category/Type	
Purpose of Disbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Citizens for Lavelle</b>		<b>Transaction ID:</b> 12882199 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 7386		Amount of Each Disbursement this Period 150.00  Gregory LaVelle, STATE HO-USE 11st DE
City Wilmington State DE Zip Code 19803	011 Category/Type	
Purpose of Disbursement Gregory LaVelle, STATE HOUSE 11st DE Candidate Name DE Rep. Gregory LaVelle		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District: 11		

Full Name (Last, First, Middle Initial) <b>C. Senate Majority</b>		<b>Transaction ID:</b> 13283343 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 420 E. Jefferson Street		Amount of Each Disbursement this Period 10000.00
City Tallahassee State FL Zip Code 32301	011 Category/Type	
Purpose of Disbursement Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**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

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 (Last, First, Middle Initial) <b>A. Citizens for Dave Winters</b>		<b>Transaction ID:</b> 12882228 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 3444 N. Main Street, Suite 100		Amount of Each Disbursement this Period 500.00	
City Rockford State IL Zip Code 31103-2114	DAVE WINTERS, STATE HOUSE 68th IL		
Purpose of Disbursement DAVE WINTERS, STATE HOUSE 68th IL			011 Category/ Type
Candidate Name DAVE WINTERS			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 68

Full Name (Last, First, Middle Initial) <b>B. Dan Rutherford Campaign Committee</b>		<b>Transaction ID:</b> 12882219 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 220 West Howard Street		Amount of Each Disbursement this Period 1000.00	
City Pontiac State IL Zip Code 61764	Dan Rutherford, SECRETARY OF STATE IL		
Purpose of Disbursement Dan Rutherford, SECRETARY OF STATE IL			011 Category/ Type
Candidate Name Dan Rutherford			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Todd Sieben</b>		<b>Transaction ID:</b> 12882227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 137 South State Street		Amount of Each Disbursement this Period 500.00	
City Geneseo State IL Zip Code 61254	Todd Sieben, STATE SENATE IL		
Purpose of Disbursement Todd Sieben, STATE SENATE IL			011 Category/ Type
Candidate Name Senator Todd Sieben			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 45

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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

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 (Last, First, Middle Initial) <b>A. Duplessie for Leadership</b>		<b>Transaction ID:</b> 12882204 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 41 Carol Street		Amount of Each Disbursement this Period 250.00
City Westbrook State ME Zip Code 04092	Robert Duplessie, STATE HOUSE 125th ME	
Purpose of Disbursement Robert Duplessie, STATE HOUSE 125th ME		011 Category/Type
Candidate Name Representative Robert Duplessie		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District: 12

Full Name (Last, First, Middle Initial) <b>B. Austin Allran for State Senate</b>		<b>Transaction ID:</b> 12882237 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 2907		Amount of Each Disbursement this Period 250.00
City Hickory State NC Zip Code 28603	AUSTIN ALLRAN, STATE SENATE NC	
Purpose of Disbursement AUSTIN ALLRAN, STATE SENATE NC		011 Category/Type
Candidate Name AUSTIN ALLRAN		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 42

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Mark Hilton</b>		<b>Transaction ID:</b> 12882240 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1351 Northern Drive, NW		Amount of Each Disbursement this Period 250.00
City Conover State NC Zip Code 28613	MARK HILTON, STATE HOUSE 96th NC	
Purpose of Disbursement MARK HILTON, STATE HOUSE 96th NC		011 Category/Type
Candidate Name MARK HILTON		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 96

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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

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 (Last, First, Middle Initial) <b>A. Mitch Gillespie for NC House</b>		<b>Transaction ID:</b> 12882239 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 753 Lake Tohoma Road		Amount of Each Disbursement this Period 250.00
City Marion State NC Zip Code 28752	011 Category/Type MITCH GILLESPIE, STATE HO-USE 85th NC	
Purpose of Disbursement MITCH GILLESPIE, STATE HOUSE 85th NC		
Candidate Name MITCH GILLESPIE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 85	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Tim Moore</b>		<b>Transaction ID:</b> 12882242 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1417 Merrimont Drive		Amount of Each Disbursement this Period 250.00
City Kings Mountain State NC Zip Code 28086	011 Category/Type Tim Moore, STATE HOUSE 11-1st NC	
Purpose of Disbursement Tim Moore, STATE HOUSE 111st NC		
Candidate Name NC Rep. Tim Moore		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bryan Holloway for NC House</b>		<b>Transaction ID:</b> 12882241 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1165 Sterling Pointe Drive		Amount of Each Disbursement this Period 250.00
City King State NC Zip Code 27021	011 Category/Type Bryan Holloway, STATE HOU-SE 91st NC	
Purpose of Disbursement Bryan Holloway, STATE HOUSE 91st NC		
Candidate Name NC Rep. Bryan Holloway		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 91	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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)

PAGE 35 / 42

<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

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

<p><b>A.</b> Fred F. Steen for NC House</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 308</p> <p>City Landis State NC Zip Code 28088</p> <p>Purpose of Disbursement Fred Steen, STATE HOUSE 76th NC</p> <p>Candidate Name NC Rep. Fred Steen, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 76</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 12882243</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>Fred Steen, STATE HOUSE 76th NC</p>
---	--	--

<p><b>B.</b> Republican Party of New Mexico</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 94083</p> <p>City Albuquerque State NM Zip Code 87199</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 12882209</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
--	--	---

<p><b>C.</b> Jerry Ellis for State Representative</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 317</p> <p>City Valliant State OK Zip Code 74764</p> <p>Purpose of Disbursement Jerry Ellis, STATE HOUSE 01st OK</p> <p>Candidate Name OK Rep. Jerry Ellis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 1</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 12882244</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p>Jerry Ellis, STATE HOUSE 01st OK</p>
--	--	---

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="800.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# 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)

PAGE 36 / 42

<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

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 (Last, First, Middle Initial)

**A.** Citizens for Charles Starr

Mailing Address 8330 S.W. River Road

City Hillsboro State OR Zip Code 97123

Purpose of Disbursement CHARLES STARR, STATE SENATE OR

Candidate Name CHARLES STARR

Office Sought:  House  Senate  President  
 Disbursement For: 2006  Primary  General  Other (specify) ▼

State: OR District: 13

Transaction ID: 12882456

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

500.00

CHARLES STARR, STATE SENATE OR

Full Name (Last, First, Middle Initial)

**B.** Corman for Senate Committee

Mailing Address 270 Edward Drive

City Bellefonte State PA Zip Code 16823

Purpose of Disbursement Jake Corman, STATE SENATE PA

Candidate Name Jake Corman

Office Sought:  House  Senate  President  
 Disbursement For: 2006  Primary  General  Other (specify) ▼

State: PA District: 34

Transaction ID: 12882614

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

250.00

Jake Corman, STATE SENATE PA

Full Name (Last, First, Middle Initial)

**C.** Representative Donald J. Lally, Jr. Committee

Mailing Address 19 Oak Street

City Wakefield State RI Zip Code 02879

Purpose of Disbursement DONALD LALLY, STATE HOUSE 33rd RI

Candidate Name DONALD LALLY

Office Sought:  House  Senate  President  
 Disbursement For: 2006  Primary  General  Other (specify) ▼

State: RI District: 33

Transaction ID: 12882483

Date of Disbursement

02 / 15 / 2006

Amount of Each Disbursement this Period

150.00

DONALD LALLY, STATE HOUSE 33rd RI

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

900.00

**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

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 (Last, First, Middle Initial) <b>A. Friends of Peter Palumbo</b>		Transaction ID: 12882601 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 67 Kearney Street		Amount of Each Disbursement this Period 200.00
City Cranston State RI Zip Code 02920	011 Category/ Type	
Purpose of Disbursement Pete Palumbo, STATE HOUSE 16th RI		
Candidate Name Pete Palumbo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Pete Palumbo, STATE HOUSE 16th RI

Full Name (Last, First, Middle Initial) <b>B. Friends of Joseph M. Polisena</b>		Transaction ID: 12882605 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 52 Lake Shore Drive		Amount of Each Disbursement this Period 375.00
City Johnston State RI Zip Code 02919	011 Category/ Type	
Purpose of Disbursement Joseph Polisena, STATE SENATE RI		
Candidate Name Joseph Polisena		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Joseph Polisena, STATE SE- NATE RI

Full Name (Last, First, Middle Initial) <b>C. Friends of Bill San Bento</b>		Transaction ID: 12882481 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 494 Smithfield Avenue		Amount of Each Disbursement this Period 150.00
City Pawtucket State RI Zip Code 02860	011 Category/ Type	
Purpose of Disbursement BILL SAN BENTO, STATE HOUSE 58th RI		
Candidate Name BILL SAN BENTO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 58	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BILL SAN BENTO, STATE HOU- SE 58th RI

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **725.00**

**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)

PAGE 38 / 42

<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

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 (Last, First, Middle Initial) <b>A. Friends of Tom Slater</b>		<b>Transaction ID:</b> 12882612 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 70 Sawyer Street		Amount of Each Disbursement this Period 100.00
City Providence State RI Zip Code 02907	Tom Slater, STATE HOUSE 10th RI	
Purpose of Disbursement Tom Slater, STATE HOUSE 10th RI		011 Category/Type
Candidate Name Tom Slater		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 10

Full Name (Last, First, Middle Initial) <b>B. Watson Campaign Committee</b>		<b>Transaction ID:</b> 12882613 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 103 South Pierce Road		Amount of Each Disbursement this Period 400.00
City East Greenwich State RI Zip Code 02818	Robert Watson, STATE HOUSE 30th RI	
Purpose of Disbursement Robert Watson, STATE HOUSE 30th RI		011 Category/Type
Candidate Name Robert Watson		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 30

Full Name (Last, First, Middle Initial) <b>C. Friends of William J. Murphy</b>		<b>Transaction ID:</b> 12882582 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 390 Wakefield Street		Amount of Each Disbursement this Period 350.00
City West Warwick State RI Zip Code 02893	William Murphy, STATE HOUSE SE 26th RI	
Purpose of Disbursement William Murphy, STATE HOUSE 26th RI		011 Category/Type
Candidate Name William J. Murphy		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 26

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	850.00
<b>TOTAL</b> 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)

PAGE 39 / 42

<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

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

<p><b>A. Committee to Elect Joseph Amaral</b></p> <p>Full Name (Last, First, Middle Initial) Committee to Elect Joseph Amaral</p> <p>Mailing Address 27 Linda Road</p> <p>City Tiverton State RI Zip Code 02878</p> <p>Purpose of Disbursement Joseph Amaral, STATE HOUSE 70th RI</p> <p>Candidate Name Representative Joseph Amaral</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 70</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 12882458</b></p> <p>Date of Disbursement 02 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p> <p>Joseph Amaral, STATE HOUSE 70th RI</p>
--	--	---

<p><b>B. Friends of Peter Kilmartin</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Peter Kilmartin</p> <p>Mailing Address P.O. Box 2051</p> <p>City Pawtucket State RI Zip Code 02861</p> <p>Purpose of Disbursement Peter Kilmartin, STATE HOUSE 61st RI</p> <p>Candidate Name Representative Peter Kilmartin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 61</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 12882482</b></p> <p>Date of Disbursement 02 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Peter Kilmartin, STATE HO- USE 61st RI</p>
---	--	---

<p><b>C. Friends of J. Patrick O'Neill</b></p> <p>Full Name (Last, First, Middle Initial) Friends of J. Patrick O'Neill</p> <p>Mailing Address 25 Marbury Avenue</p> <p>City Pawtucket State RI Zip Code 02860</p> <p>Purpose of Disbursement J. O'Neill, STATE HOUSE 59th RI</p> <p>Candidate Name RI Rep. J. O'Neill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 59</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 12882583</b></p> <p>Date of Disbursement 02 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>011 Category/ Type</p> <p>J. O'Neill, STATE HOUSE 59th RI</p>
--	--	--

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>550.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# 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)

PAGE 40 / 42

<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

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

<b>A. McMaster for Attorney General</b> Full Name (Last, First, Middle Initial) McMaster for Attorney General Mailing Address P.O. Box 11063 City Columbia State SC Zip Code 29211 Purpose of Disbursement Henry McMaster, ATTORNEY GENERAL SC Candidate Name Henry McMaster Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: Disbursement For: 2005 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 12916639 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Henry McMaster, ATTORNEY GENERAL SC
<b>B. Richard Raymond Campaign</b> Full Name (Last, First, Middle Initial) Richard Raymond Campaign Mailing Address P.O. Box 450349 City Laredo State TX Zip Code 78045 Purpose of Disbursement RICHARD RAYMOND, STATE HOUSE 42nd TX Candidate Name RICHARD RAYMOND Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 42 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 12882117 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 250.00 RICHARD RAYMOND, STATE HO-USE 42nd TX
<b>C. Texans for Rick Perry</b> Full Name (Last, First, Middle Initial) Texans for Rick Perry Mailing Address P.O. Box 2013 City Austin State TX Zip Code 78768-2013 Purpose of Disbursement Rick Perry, GOVERNOR TX Candidate Name Governor Rick Perry Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 12882112 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 Rick Perry, GOVERNOR TX

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3750.00</b>
<b>TOTAL</b> 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

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

<b>A. Texans for Greg Abbott</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 308 City Austin State TX Zip Code 78767 Purpose of Disbursement Greg Abbott, ATTORNEY GENERAL TX Candidate Name Greg Abbott Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 12882090</b> Date of Disbursement 02 / 15 / 2006 Amount of Each Disbursement this Period 1000.00 Greg Abbott, ATTORNEY GENERAL TX
---	--	---

<b>B. David Dewhurst Committee</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 756 City Austin State TX Zip Code 78767 Purpose of Disbursement David Dewhurst, LT. GOVERNOR TX Candidate Name David Dewhurst Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 12882093</b> Date of Disbursement 02 / 15 / 2006 Amount of Each Disbursement this Period 1000.00 David Dewhurst, LT. GOVERNOR TX
---	--	--

<b>C. Norma Chavez Campaign</b> Full Name (Last, First, Middle Initial) Mailing Address 824 Bolivia City El Paso State TX Zip Code 79903 Purpose of Disbursement Norma Chavez, STATE HOUSE 76th TX Candidate Name Representative Norma Chavez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 76 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 12882119</b> Date of Disbursement 02 / 15 / 2006 Amount of Each Disbursement this Period 250.00 Norma Chavez, STATE HOUSE 76th TX
---	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

PAGE 42 / 42

<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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Utah Republican Party</p>		<p><b>Transaction ID:</b> 12750270 <b>Date of Disbursement</b></p>
<p>Mailing Address 117 East South Temple</p>		<p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City Salt Lake City State UT Zip Code 84111</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p>	
<p>Purpose of Disbursement</p>	<p><input type="text" value="011"/> Category/Type</p>	
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Party of Virginia</p>		<p><b>Transaction ID:</b> 12800436 <b>Date of Disbursement</b></p>
<p>Mailing Address 1108 East Main Street</p>		<p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City Richmond State VA Zip Code 23219</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>	
<p>Purpose of Disbursement</p>	<p><input type="text" value="011"/> Category/Type</p>	
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

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

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