Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 8400418 Number:						port ed B		CAND	DATE		СОМ	MITTEE /		LOBBYIST			
Name of Filing C	Committee, Candid	ate or L	obbyist:		NRA	VIC	CTORY	/ FUND									_
Street Address:	11250 WAPLE	S MILL	ROAD														
City:	FAIRFAX							State:	VA			Zip Cod	le: 22	2030-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- [2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	Y	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	٧	
report type)	ANNUAL REPORT	7.	Year 2014					IG METH CHECK O				PAPER / D			DISKE	TTE	
Name of Office S	Sought by Candida	te:						DATE C)F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code	,
	· ,							МО	DAY	YE	AR	Number	Code			Couc	
								11		4	2014		(SEE IN	STRUCTIO	ONS FOR C	ODES)	_
•	Receipts and	МО	DAY Y	EAR	l			мо	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		6 10	20	014	Т	0	g		15	2014						
A. Amount Bro	ught Forward Fro	n Last R	eport				\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule						e I)	\$			6	19.85						
C. Total Funds Available (Sum Of Lines A and B)							\$			ć	19.85						
D. Total Expenditures (From Schedule III)							\$			3	10.59						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			3	09.26						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From	Schedule IV)				\$			3	09.26			•			
			P	٩FF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	[f th	is is	a Can	didate r	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sched	dules	filed	d on	paper o	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	à,
Sworn to and subs	cribed before me this day of	5	20							S	ignature	of Perso	n Submit	ting Rep	ort		•
	Signatu	re					- -					Prin	ted Name	9			-
My Commission Ex	kpires											Ema	il				•
	мо	D	AY	YR					Ar	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief	this	polit	tical	commi	ittee has r	not viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this		20								S	ignature o	of Candid	ate			٠
	day of						-					Printe	d Name				.
	Signature						-										.
My Commission Exp	ires								Email								
	мо	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period							
NRA VICTORY FUND	From:	6/10/201	<u>4</u> То	9/15/2014					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting) Period	(1)	\$	619.85					
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)									
Contributions Received From Political Committees (Part A)			\$	0.00					
All Other Contributions (Part B)	\$	0.00							
TOTAL for the Reporting	(2)	\$	0.00						
3. Contributions Received Over \$250.00 (From Part C and Part D)									
Contributions Received From Political Committees (Part C)			\$	0.00					
All Other Contributions (Part D)			\$	0.00					
TOTAL for the Reporting) Period	(3)	\$	0.00					
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)									
TOTAL for the Reporting) Period	(4)	\$	0.00					
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	619.85					

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			From: To			o:		
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate		Rep	orting Pe	riod			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of	City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	od						
NRA VICTORY FUND	From:	6/10/2014 To :	9/15/2014					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (3)	\$	0.00					
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	<u> </u>	\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting				
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	me of Filing Committee or Candidate		Re	eporting F	Period				
				Fr	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City	State		Zip Code(Plus 4)					
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ee of Ci	ity	State	•	Zip 4)	Code(Plus	Descri	ption o	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00				

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
NRA VICTORY FUND			From	<u>6/10</u>	0/2014	То:	9/15/2014
				DATE			AMOUNT
To Whom Paid NRA Institute for Legislative A	ction		мо	DAY	YEAR		
Mailing Address 11250 Waples Mill Road			9	9	2014	\$	262.50
City Fairfax	State VA	Zip Code (Plus 4) 22030	Description of Expenditure In-Kind - NRA logo items - Ted Harhai - House 58				
To Whom Paid Prolist, Inc.			МО	DAY	YEAR		
Mailing Address 8341 Beec	ncraft Avenue		9	9	2014	\$	48.09
City Gaithersburg	State MD	Zip Code (Plus 4) 20879-1509	Description of Expenditure In-Kind - Shipping & Handling - Ted Harhai - H				Harhai - House
Enter Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item I).				PAGE TOTAL

310.59

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate	e of Filing Committee or Candidate			ng Period				
NRA VICTORY FUND			From:	<u>6</u>	5/10/2014	То:	9/15/2014	
					DATE			Outstanding Balance of Debt
Name of Creditor NRA Institute for Legislative Action				МО	DAY	YEAR		
Mailing Address 11250 Waples Mill	Road			9	12	2014		\$ 262.50
City Fairfax	State	Zip Code (Pl	us 4)	Descrip	tion of Del	bt	•	
	VA	22030		In-Kind - NRA logo iter Republican Party				Centre County
					DATE			Outstanding Balance of Debt
Name of Creditor Prolist, Inc.				мо	DAY	YEAR		
Mailing Address 8341 Beechcraft Av	venue			9	12	2014	- -	\$ 46.76
City Gaithersburg	State	Zip Code (Pl	us 4)	Descrip	tion of Del	bt		
Cardinologia, g	MD	20879-150	9		l - Shipping ican Party	g & Har	ndlin	ng - Centre County
								PAGE TOTAL
Enter Grand Total of Unpaid Debt	s on Page 1, Rep	ort Cover Pa	ge, Item	G.			\$	309.26