Campaign Finance Report

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

Filer Identificati Number :	i on 8400	418			Repo Filed	-	CAND	IDATE	CON	IMITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		NRA V	ICTOF	RY FUND								
Street Address: 11250 WAPLES MILL ROAD															
City:	FAIRFAX						State:	VA		Zip Co	Zip Code: 22030-0000				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					DAY 1ARY	POST-	3.		AMENDMENT REPORT?		No	· 🗸	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	ELECTION				DAY CTION	POST-	POST- 6.		ATION ?	Yes	No	\sim	
report type)	ANNUAL REPORT	NNUAL REPORT 7. Year 2018 FILING METHO () CHECK O							PAPER		\checkmark	DISKE	TTE		
Name of Office S	L Sought by Candidat	te:					DATE (OF ELEC	TION	District Number		Par	ty Code	County	
							мо	DAY	YEAR						
							11		6 201	8	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	1		мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY		
Expenditures	s from:		6 5	2	018	ГО	<u>c</u>) 1	7 201	8					
A. Amount Bro	ught Forward From	n Last Re	eport			9	\$		0.0	0					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 3,500.00															
C. Total Funds Available (Sum Of Lines A and B) \$ 3,500.00															
D. Total Expen	ditures (From Scho	edule III	[)			9	\$		3,500.0	כ					
E. Ending Cash	Balance (Subtract	t Line D I	From Line	C)			\$		0.00)					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)		\$		0.00)					
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	')		9	\$		0.0	ו					
				AFF	IDAV	IT SI	ECTION								
PART I - If this is	s a Committee repo	ort, treas	surer sign	here. I	[f this i	s a Ca	ndidate r	eport, ca	andidate s	ign here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	hedules	s filed or	ı pape	r or by elec	tronic me	dium, are to	o the best o	of my knov	vledge	and beli	ef , true	
Sworn to and subs	cribed before me this day of	5	20						Signatu	re of Perso	on Submitt	ing Rep	oort		
	Signatu	re	·			_				Priı	nted Name				
My Commission Ex	-									Ema	ail				
	мо	DA	Y	YR				Area	a Code	Daytir	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's a	authorized	Comm	nittee, (Candi	date shall	sign he	re.						
I swear (or affirm) No 320) as amende	that to the best of n ed.	ny knowle	dge and beli	ef this	politica	l comi	nittee has i	not violate	ed any prov	isions of th	ne act of Ju	ine 3,1	937 (P.I	1333,	
Sworn to and subso	ribed before me this day of		20							Signature	of Candida	ite			
										Print	ed Name				
My Commission Exp	Signature									Ema	ail				
						_									
	МО	DA	NY	YR				Area C	Code	C	aytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** NRA VICTORY FUND From: <u>6/5/2018</u> **To:** <u>9/17/2018</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 3,500.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 3,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period					
Fro				From: To:					
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City State Zip Code (Plus 4)			4)						
							Γ	PAGE TOTAL	

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

0.00

\$

PAGE 3

PART B 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 Candidat	e		Rep	orting P	eriod			
From: To):		
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	led Summary Pag	je, Se	ection 2	-		\$	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 Candidate			Reporting					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

PART D 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	Reporting Period	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address						\$	0.00	
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Place of City Business				State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

PART E **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	Name of Filing Committee or Candidate			ting Perio	od				
F				From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
		i Suillillai y Page,	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 Period		
NRA VICTORY FUND	From:	<u>6/5/2018</u> то:	<u>9/17/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
Fi						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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
					DATE AMO					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor						Occupat	tion		-	
Employer Mailing Address/Principal Place of City State			State		Zip Code(Plus Description 4)			ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committe	e or Candidate		Reporti	ng Period			
NRA VICTORY FUND			From	<u>6/</u> !	<u>5/2018</u>	То:	<u>9/17/2018</u>
				DATE			AMOUNT
To Whom Paid Senate Republican Campaign Committee			мо	DAY	YEAR		
Mailing Address 110 President Village Road Ext.			8	6	2018	\$	500.00
CityStateZip Code (Plus 4)PA16353			Description of Expenditure Direct contribution				
To Whom Paid Senate Republican Camp	aign Committee		мо	DAY	YEAR		
Mailing Address 110 P	President Village Road Ext.		7	17	2018	\$	2,000.00
City Tionesta	State PA	Zip Code (Plus 4) 16353		otion of Exp		5	
To Whom Paid Senate Republican Camp	aign Committee		мо	DAY	YEAR		
Mailing Address 110 P	President Village Road Ext.		7	17	2018	\$	1,000.00
City Tionesta	State PA	Zip Code (Plus 4) 16353		otion of Exp		2	
Enter Grand Total of F	xpenditures on Page 1, Rep	ort Cover Page Item I	<u>,</u>				PAGE TOTAL
	xpenditures on Page 1, Kep	fort cover Page, Item I				\$	3,500.00