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 :	ion 8400	418			Repo Filed	-	CANE	DIDATE		СОМ	MITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Candid	ate or L	obbyist:		NRA V	ΙΟΤΟΙ	RY FUND								
Street Address:	11250 WAPLE	S MILL	ROAD												
City:	FAIRFAX						State:	VA			Zip Co	de: 22	030-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 E PRIM	DAY MARY	POST-	OST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.					TERMINATION Yes No REPORT?			\checkmark		
report type)	ANNUAL REPORT	7.	Year 2019				ING METI				PAPER		\checkmark	DISKE	TTE
Name of Office S	- Sought by Candida	te:				•	DATE	OF ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR					
								4	2	2019		(SEE INS	TRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY	
Expenditures	s from:		1 1	2	019	го		4	12	2019					
A. Amount Bro	ught Forward Fror	n Last R	eport			:	\$			0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)		\$		2,7	91.88					
C. Total Funds	Available (Sum Of	f Lines A	and B)			:	\$		2,7	91.88					
D. Total Expen	ditures (From Sch	edule II	I)				\$		2,7	91.88					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			0.00	-				
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$			0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$			0.00					
				AFF	IDAV	IT S	ECTION	N							
	s a Committee rep		-								-				
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached sc	hedules	s filed or	ı pape	r or by ele	ctronic m	edium,	, are to I	the best o	f my knov	/ledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						S	ignature	e of Perso	n Submitt	ing Rep	oort	
		re				_					Prin	ted Name			
My Commission E	-										Ema	il			
	мо	D	AY	YR				Are	ea Cod	e	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee,	Candi	date sha	ll sign he	ere.						
I swear (or affirm) No 320) as amende) that to the best of r ed.	ny knowle	edge and beli	ef this	politica	l com	mittee has	not viola	ted an	y provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20							S	ignature (of Candida	te		
											Printe	ed Name			
My Commission Exp	Signature					_					Ema	il			
						_			<u>.</u> .						
	МО	D	AY	YR				Area	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Pag	C			
Name of Filing Committee or Candidate	Reportin	g Period		
NRA VICTORY FUND	<u>.9</u> To:	<u>4/12/2019</u>		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	g Period	(1)	\$	2,791.88
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 Reportin	g 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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reportin	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E	•			
TOTAL for the Reportin	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a	nd enter am	ount		
totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover P.			\$	2,791.88

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 Candidat	te		Re	porting	Period			
			Fro	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

Use this Part to ite	emize all othe 0.01 to \$250.	1 TO \$250.00 r contribution 00 in the repo	s wi ortin	ith an 1g peri	aggreg iod.			rom
Name of Filing Committee or Candidat	e		Rep	orting P	eriod			
			Fror	m:		Τα):	
					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 Cand	lidate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed 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		АМ	OUNT
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 P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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	Candidate		Report	ting Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (Plus 4)					
Receipt Description				1	1	1		
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4			PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai 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>1/1/2019</u> To:	<u>4/12/2019</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					
			From:			То:		
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	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	m:		То:		
							DATE			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 Plac Business	e of	City		State		Zip 4)	Code(Plus	Descri	ption o	f 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 Committee or Candidate				Reporting Period					
NRA VICTORY FUND				From <u>1/1</u>		<u>1/2019</u>	То:	<u>4/12/2019</u>	
				DATE				AMOUNT	
To Whom Paid Prolist Direct Marketing Services				мо	DAY	YEAR			
Mailing Address 4510 Buckeystown Pike, Suite M				3	26	2019	\$	2,786.96	
City	ty Frederick State Zip Code (Plus 4)			Description of Expenditure					
		MD	21704	Direct mail piece in suppo			rt of D.	. Raja	
To Whom Paid NRA Institute for Legislative Action				мо	DAY	YEAR			
Mailing Address 11250 Waples Mill Road				4	1	2019	\$	4.92	
City	Fairfax	State	Zip Code (Plus 4)	Description of Expenditure					
		VA	22030	22030 Reimbursement for c support of D. Raja			t of text messages in		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL		
Enter	Grand Total of Expenditures	on Page 1, Report (Cover Page, Item I	D .			\$	2,791.88	