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 :	on 8400	418			Rep File			CAND	IDATE		СОМ	4ITTEE	✓	LOBE	BYIST	
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 Co	de: 22	2030-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY 2. 30 DAY PO! PRIMARY					POST-	POST- 3. AMENDM REPORT?			IENDMENT Yes PORT?		No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5. X	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2019					IG METH CHECK (PAPER			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		-		'	
								1	1	5	2019		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	s from:		9 17	2	019	Т	0	1	0	21	2019					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$. 7	0.00					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	I)	\$				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)		_4	4	\$				0.00					
D. Total Expend	ditures (From Scho	edule II	I)		4		\$				0.00					
E. Ending Cash	Balance (Subtract	Line D	From Line C)	-			\$	Z			0.00					
F. Value Of In-	Kind Contributions	Receiv	ed (From Sch	edu	le II		\$				0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\	\$				0.00			1		
			,	ĀFF	IDA	۱۷۶	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	[f thi	is is	a Can	didate	report, o	candic	late sig	ın here.				
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sche	dules	filed	d on	paper (or by elec	tronic m	edium,	are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me this day of		20				_			s	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	re					-					Prin	ted Name	е		
My Commission Ex							-					Ema				
	МО	D	AY	YR					Are	ea Cod	e	Daytin	ie Telepi	none Nu	mber	
	a report of a cano					•										
No 320) as amende		ny knowle	edge and belief	this	politi	ical	commi	ittee has	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								s	ignature (of Candid	ate		
							-					Printe	d Name			
My Commission Exp	Signature pires						-					Ema	il			
	МО	D	AY	YR			•		Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting	Period		
NRA VICTORY FUND		From:	9/17/201	<u>9</u> To:	10/21/2019
1. Unitemized Contributions Received - \$ 50.00	or Less Per Contributor				
	TOTAL for the Reporting I	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00	(From Part A and Part B)				
Contributions Received From Political Commit	tees (Part A)			5	0.00
All Other Contributions (Part B)				\$	0.00
	TOTAL for the Reporting I	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From F	Part C and Part D)		, _	7	
Contributions Received From Political Commit		4		\$	0.00
All Other Contributions (Part D)		V		\$	0.00
	TOTAL for the Reporting I	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Ret	turned Checks, Etc . (From Part E)				
d	TOTAL for the Reporting I	Period	(4)	\$	0.00
Total Monetary Contributions and Receipts Du totals from Boxes 1,2,3 and 4; also enter this	uring this Reporting Period (Add and amount on Page1, Report Cover Page	enter amo e, Item B.)	unt	\$	0.00

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 Re					eporting Period				
			Froi	m:		То	:		
					DATE		AMO	JNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							5	0.00	
City	State	Zip Code (Plus 4	4)						

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				orting Po				
			Fro	m:		To):	
					DATE		AMOUNT	
Full Name of Contributor				МО	DAY	YEAR	2)	
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)				>		

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 Candidate			Reporting Period						
			From:			То:			
		1		DA	TE		AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR	X		
Mailing Address							•	0.00	
City	State	Zip Code	(Plus 4)				//		
			1				PAGE T	OTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sum	ımary Pa	ge, Sectio	on 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	ne of Filing Committee or Candidate					Reporting Period						
			Fron			To	:					
				D	ATE		AMOUNT					
Full Name of Contributor				МО	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Code (Plus	s 4)									
Employer Name			1	Occupa	tion							
Employer Mailing Address/Principal Place Business	e of	City	•		State		Zip Code (Plus 4	1)				
Enter Grand Total of Part C on Schee	dule I, Detailed Si	ummary Page,	Section	on 3.			PAGE TOT	AL				
	_ //		1			\$	•	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 Candidate			Report	ing Perio	od			
			From:			То:		
				D	ATE		AMOUN ⁻	т
Full Name				мо	DAY	YEAR 1		
Mailing Address					4		•	0.00
City	State	Zip Code (Plus 4)					
Receipt Description			-		1			
Enter Grand Total of Part E on Schedu	le T. Detailed Summ	nary Page	Section	4	//		PAGE TO	TAL
	ne 1, betanea sanni	iary rage,	Dection			\$		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
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Name of Filing Committee or Candidate	Reporting Perio	d	
NRA VICTORY FUND	From:	<u>9/17/2019</u> To:	10/21/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

			_				
Name of Filing Committee or Candidate			Reporting	Period			
			From:			То:	
		L		DATE		AMOUNT	
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address					~	S N	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:						7	
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sumi	nary Pag	je,	PAGE TOT	AL
				7	\$	5	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
			Fro	om:		То:	
					DATE	A	MOUNT
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	ce of Cit	State		Zip 4)	Code(Plus	Description of Co	ontribution
Enter Grand Total of Part G on Sch	edule II, In-K	Cind Contributions D	etaile	ed		F	AGE TOTAL
Summary Page, Section 3.			>				0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period				
			From			То:		
				DATE			АМО	JNT
To Whom Paid			мо	DAY	YEAR			
Mailing Address						9		0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure			
Enter Grand Total of Expenditures o	on Page 1, Report Co	over Page, Item D	<			\$	PAGE TO	T AL 0.00

