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			Repor Filed I		CAND	IDATE		СОМІ	MITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		NRA VI	стор	RY FUND								
Street Address: 11250 WAPLES MILL ROAD															
City:	FAIRFAX						State: VA Zip Code: 22					de: 22	030-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2. X	30 D PRIN	DAY MARY	POST-	3.		AMENDN REPORT		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. 2ND FRIDAY PRE- 5. ELECTION				30 D ELEC	DAY CTION	POST-	6.		TERMIN/ REPORT		Yes	No	Y
report type)	ANNUAL REPORT	7.	Year 2021				ING METH CHECK C				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candidat	te:					DATE (OF ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
MO DAY YEAR										AR					
							11	L	2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	<u>د</u>		мо	DAY	YE	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	s from:		3 30	20	021 1	0	Į.	5	3	2021					
A. Amount Bro	ught Forward Fron	n Last R	eport			9	\$			0.00					
B. Total Monet	ary Contributions	And Rec	eipts (From	n Sche	dule I)		\$		1,0	00.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$,	00.00					
D. Total Expen	ditures (From Sche	edule II	I)				\$		1,0	00.00					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			0.00					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	le II)		\$			0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	')			\$			0.00					
				AFF	IDAVI	T S	ECTION								
PART I - If this is	s a Committee repo	ort, trea	surer sign	here. 1	If this is	s a Ca	andidate r	eport, o	candi	date sig	gn here.				
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sc	hedules	s filed on	раре	r or by elec	tronic m	edium	, are to t	the best o	f my know	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	;	20						S	ignature	e of Perso	n Submitt	ing Rep	oort	
		re				_					Prin	ted Name			
My Commission E	xpires										Ema	il			
	мо	D/	AY	YR				Ar	ea Cod	le	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, C	Candi	date shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ıy knowle	edge and beli	ef this	political	com	mittee has	not viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	1333,
Sworn to and subscribed before me this										s	ignature (of Candida	ite		
	day of 20 Printed Name														
						_									
My Commission Exp	pires										Ema	il			
	мо	D/	AY	YR		-		Area	Code		D	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>3/30/2021</u> To: <u>5/3/2021</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 1,000.00 \$ **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 \$ 1,000.00 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			Re	porting	Period			
Fre			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

5/7/2024 2:09:40 AM

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			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 Schedule I, Detailed Summary Page, Section 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 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	Name of Filing Committee or Candidate			ting Perio	od					
			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	
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>3/30/2021</u> To:	<u>5/3/2021</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					
						То:		
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	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	5	0.00	

0.00

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

Name of Filing Committee or Candidate					Reporting P	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor			1		Occupa	l tion			
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL

	<u>.</u>
 Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PA

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
NRA VICTORY FUND				<u>3/3</u>	<u>0/2021</u>	То:	<u>5/3/2021</u>				
		DATE			AMOUNT						
To Whom Paid PA Senate Republican Campaign Committee				DAY	YEAR						
Mailing Address P.O. Box 792			4	26	2021	\$	1,000.00				
CityHarrisburgStateZip Code (Plus 4)PA17108				Description of Expenditure Direct contribution							
							PAGE TOTAL				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.).			\$	1,000.00				