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 840	0418				eport led B		CANDI	ANDIDATE COMMITTEE V LOBBYIST					BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		NR/	A VIO	CTORY	/ FUND								
Street Address:	11250 WAPL	ES 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	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	' PRE	≣-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	~
report type)	ANNUAL REPORT	7. X	Year 2021					IG METHO				PAPER		$\overline{}$	DISKE	TTE
Name of Office S	Sought by Candida	ate:	-					DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR	rumber code code				
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		11 23	2	021	t T	0	12		31	2021					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				0.00					
D. Total Expend	ditures (From Scl	nedule II	I)				\$				0.00					
E. Ending Cash	Balance (Subtra	t Line D	From Line C	:)			\$				0.00					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le I	Ί)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV))			\$				0.00			•		
				AFF	ID	AVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere.	If th	his is	a Can	ididate r	eport, o	andi	late sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	attached sch	edule	s file	ed on	paper o	or by elect	ronic m	edium	are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me th day of	is	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	Signat	ure					- -					Prin	ted Name	9		
My Commission Ex	kpires											Ema	il			
	мо	D	AY	YR					Are	ea Cod	е	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a car	didate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	f this	poli	itical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subsc	ribed before me this	•									Si	ignature o	of Candid	ate		
	day of		_ 20				-					Printe	d Name			
	Signature						-						:1			
My Commission Exp	ires											Ema	11			
	МО	D	AY	YR	ł		-		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
NRA VICTORY FUND	From:	11/23/202	<u>1</u> To:	12/31/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
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) 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 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			\$	0.00

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			
			Fre	om:		То	:	
		<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 Fining Committee of Candidate					Reporting Period From: To:					
			l		DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
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 Candi	lame of Filing Committee or Candidate Rep			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			Reporting Period							
				Froi	n:) :			
					D	ATE		АМ	IOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address						\$	0.00			
City	State	Zi	p Code (Plus	i 4)						
Employer Name	•	•			Occupa	tion		•		
Employer Mailing Address/Principal P Business	lace of		City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sc	hedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P <i>I</i>	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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Per	iod	
NRA VICTORY FUND	From:	<u>11/23/2021</u> To:	12/31/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidat	:e		Reporting	g Period						
	Fre					From: To:				
				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 Candida	Name of Filing Committee or Candidate					porting	Period					
					Fro	m:		То	То:			
					<u> </u>		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.												0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti	ng Period							
							То:		
				DATE			AMOUNT		
To Whom Paid			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure				
							PAGE TOTAL		
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00		