### **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			Repo Filed		<b>':</b>	CAI	NDI	DATE		COM	AITTEE	<b>V</b>	_	UBB	1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:	•	NRA '	VIC	ΓOR	Y FUN	ID	•							•	
Street Address:	11250 WAPLE	S MILL	ROAD															
City:	FAIRFAX							State	e:	VA			Zip Co	de: 2	203	0-00	00	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE-	- 2.		BO DA		Р	POST-	3.		AMENDN REPORT		Y	es	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.		BO DA		Р	POST- 6. TERMINATION REPORT?					Y	es	No	<b>✓</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023					IG ME					PAPER		h	<b>/</b>	DISKET	TTE
Name of Office S	ought by Candida	te:	•		•			DAT	ΕO	F ELEC	TIO	N	District Number	Office Code		Party	/ Code	County Code
								МО		DAY	YE	AR						
									11		7	2023		(SEE I	NSTR	UCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR				МО		DAY	YE	AR	FC	R OFF	ICE (	JSE (	ONLY	
Expenditures	Trom:		1 1	20	023	TC	<u> </u>		3	2	7	2023						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	1 Sche	dule 1	I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Contribution	Receiv	ed (From S	chedu	le II)		\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00						
				AFF	IDA	VIT	SE	CTIC	NC									
	a Committee rep	-	_									_						
I swear (or affirm)	) that this report, inc ete.	luding the	e attached sc	hedules	filed	on pa	aper	or by e	electi	ronic me	dium	, are to t	he best o	f my kn	owle	dge aı	nd belie	f , true
Sworn to and subs	cribed before me this day of	<b>;</b>	20								s	ignature	of Perso	n Subm	itting	Repo	ort	
	Signatu	re				_							Prin	ted Nan	ne			
My Commission Ex	xpires								•				Ema	il				
	МО	D	AY	YR						Are	a Cod	e	Daytin	ne Telep	hone	Num	ber	
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee	, Ca	ndid	ate sh	nall	sign he	re.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and beli	ief this	politio	cal c	omm	ittee h	as n	ot violat	ed an	y provis	ions of th	e act of	June	3,193	37 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20									s	ignature (	of Candi	date			
													Printe	ed Name	,			
My Commission Exp	Signature ires												Ema	il				—
	мо	D	AY	YR						Area (	Code		D	aytime	Telep	hone	Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period							
NRA VICTORY FUND	From:	1/1/202	<u>:3</u> To:	3/27/2023				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	g 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	y 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	y Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	g 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 Committee or Candidate				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.

### 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			Rep						
Fro					From: To:				
					DATE		P	MOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							<b>\$</b>	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					g Period					
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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					
		Fron	n:		То	:				
			D/	<b>ATE</b>		OUNT				
			МО	DAY	YEAR					
Mailing Address						\$	0.00			
State	Zip Code (Plus	s <b>4</b> )								
			Occupat	ion						
e of	City			State		Zip Code	(Plus 4)			
dule I, Detailed Su	ımmary Page,	Section	on 3.				0.00			
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4)  Occupation  Other State	State Zip Code (Plus 4)  Occupation  Occupation  Other State  Occupation  Output  Outp	DATE AM  MO DAY YEAR  \$ State Zip Code (Plus 4)  Occupation  City State Zip Code			

## 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:			To:		
				D	ATE		A	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·			•		•	
Enter Grand Total of Part E	on Schedule I. Detailed	d Summary Page.	Section	4.			P	AGE TOTAL
		<b>, . u 50</b> ,					\$	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 Perio	od	
NRA VICTORY FUND	From:	<u>1/1/2023</u> <b>To:</b>	3/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	t	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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	Reporting	g Period					
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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 Candidate	ame of Filing Committee or Candidate					porting P	Period				
						om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor						Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	
Enter Grand Total of Part G on Sci	nedule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL	
Summary Page, Section 3.	<b>-,</b> -									0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

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