### **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				port ed B		CANDI	CANDIDATE COMMITTEE LOBBYIST						BYIST			
Name of Filing C	Committee, Candi	date or L	obbyist:		NRA	A Pol	itical `	Victory F	und								_	
Street Address:	11250 WAPI	ES MILL	ROAD															
City:	FAIRFAX							State: VA					<b>Zip Code:</b> 22030					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA							Yes	No	Y		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- 5. 30 DAY ELECTION						POST-	6.		TERMINA REPORT		Yes	No	<b>Y</b>		
report type)	ANNUAL REPOR	7. X	<b>Year</b> 2008				FILING METHOD ( ) CHECK ONE					PAPER				ΓΤΕ		
Name of Office S	Sought by Candid	ate:	-					DATE 0	E OF ELECTION District Number					Par	ty Code	County Code	,	
								МО	DAY	YE	AR		1					
								11		4	2008		(SEE IN	(SEE INSTRUCTIONS FOR CODES)				
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		1 1	2	800	<b>T</b>	0	12	:	31	2008							
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 0	of Lines A	and B)				\$				0.00							
D. Total Expend	ditures (From Sc	hedule II	I)				\$				0.00							
E. Ending Cash	Balance (Subtra	ct Line D	From Line C	C)			\$				0.00							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	I)	\$				0.00							
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV	)			\$				0.00							
				AFF	ID/	AVI	T SE	CTION										
PART I - If this is	s a Committee re	port, trea	surer sign h	nere.	If th	nis is	a Can	ididate r	eport, o	candi	date sig	ın here.						
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached sch	edule	s file	ed on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge	and belie	f , true	å,	
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	•			-	
My Commission Ex	cpires						_					Ema	il					
	МО	D	AY	YR					Arc	ea Cod	le	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a car	ndidate'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	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L.	1333,	ı	
Sworn to and subsc	ribed before me thi day of	5	30								Si	ignature o	of Candid	ate			•	
	<u> </u>						-					Printe	d Name					
My Commission Exp	Signature	ı					-					Ema	il				.	
rry Commission Exp																		
	МО	D	AY	YR	1				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 Political Victory Fund	From:	1/1/200	<u>8</u> To:	12/31/2008
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 ar 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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Committee or Candidate				porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

**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 of Candidate					Reporting Period From: To:					
					DATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0	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 Reportin				ng 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.)

						Reporting Period					
Fro						From: To:					
			D/	ATE			AMOUNT				
			МО	DAY	YEAR						
Mailing Address						\$	0.00				
Ziţ	p Code (Plus	4)									
			Occupat	tion							
	City			State		Zip Co	ode (Plus 4)				
d Sumn	nary Page,	Section	n 3.				PAGE TOTAL 0.00				
		City		Zip Code (Plus 4) Occupat	Zip Code (Plus 4)  Occupation  City  State	Zip Code (Plus 4)  Occupation  City  State	MO DAY YEAR  \$ Zip Code (Plus 4)  Occupation  City  State  Zip Co				

## 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				od			
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
- Country of Furt 2	Juliana 1/ Butanet	. January rage,		••			\$	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 Political Victory Fund	From:	<u>1/1/2008</u> <b>To:</b>	12/31/2008
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	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,	<u> </u>	\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidat	Reporting	Reporting Period					
	From:						
				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					Re	porting l	Period				
					Fro	om:		To:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$ \$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition				
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</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)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L	).			\$	0.00