

U.S. Department of Justice  
Bureau of Alcohol, Tobacco, Firearms and Explosives

# Report of Multiple Sale or Other Disposition of Pistols and Revolvers

(Please complete all information)

1. Date Transferred 2-16-10 2a. Federal Firearms Licensee (FFL) Number [REDACTED]

2b. Business or Trade Name and Address (If you have complete information available on a rubber stamp, please place information here.)

**OWN GUN SHOP, INC.  
TOWN POLICE SUPPLY  
3985 VIRGINIA AVENUE  
P.O. BOX 417  
COLLINSVILLE, VA 24078**

2c. Is this firearm connected to another multiple sale? (If yes, specify date)  
 Yes  No Date \_\_\_\_\_

2d. If you sold these firearms at a gun show or other qualifying event, identify the event and provide a complete address of the event.

3. Any Combination of Pistols and Revolvers Acquired in the Last Five Business Days

Type (Pistol or revolver)	Serial Number	Manufacturer	Importer	Model	Caliber	Disposition Date
Pistol	FVZ 292	Glock		21	45acp	2-16-10
Pistol	FVZ 304	Glock		21	45acp	2-16-10
Pistol	FVZ 289	Glock		21	45acp	2-16-10

4. Transferee's Name (Last, first, middle)

Hardison, Phillip McAuthor

5. Residence Address (Number, street, city, county, state, zip code)

[REDACTED]  
[REDACTED]

NOTARIAL PUBLIC  
I, the undersigned clerk or deputy clerk of the court, do hereby certify that the foregoing stamp on this document is a genuine stamp of the court and I further certify that this document is a true record of this court.  
11/15/10  
[Signature]  
Clerk (Deputy Clerk)

6. Sex Male 7. Race  
 American Indian or Alaska Native  Asian  Native Hawaiian or Pacific Islander  
 African American or Black  Hispanic or Latino  White  Other (Specify) \_\_\_\_\_

8. Identification Number [REDACTED] 9. Type of Identification [REDACTED] 10. ID State [REDACTED] 11. Date of Birth [REDACTED] 12. Place of Birth (City, county, state, country) [REDACTED]

13. If the buyer of the firearms listed in item 4 is an officer authorized to act on behalf of a corporation, company, association, partnership or other such business entity, you must complete the following:  
Name and Address of Business Entity

14a. Identify the official designated by the state or local authorities where you, the FFL, will be forwarding copy 2.  
Virginia State Police 7700 Midlothian Trk. Richmond, VA  
Name of Agency Street Address, City, and State

14b. Date Copy 2 was Forwarded to Agency 2-24-10

15. Additional Information Relating to the Transfer of the Firearms

16. Name of Employee Filling Out This Form Melissa Carter 17. Date This Form Was Completed 2-17-10

## Query Gun Buyer Report

Feb 16, 2010

Gun Dealer's Name: TOWN GUN SHOP INC/TOWN POLICE SUPPLY

Attn: MICHAEL GILLEY      Date Entered: Feb 16, 2010      Document Number: Q725014  
DIN: 2180      Seller ID: G27784      Seller Name: GILLEY, MICHAEL HARBOUR

## Customer Information

Last Name: HARDISON      First Name: PHILLIP      Middle Name: MCAUTHOR  
Sex: M      Race: W      Date of Birth: ██████████ SOC: ██████████  
U.S. Citizen: Y      INS Number:  
VA Resident: Y  
Are you at your place of business: Y

## Firearms to be Transferred

Pistol: 3      Revolver: 0      Rifle: 0      Shotgun: 1

Type of Transaction: POLICE OFFICER AGENCY

Police Officer Agency: CITY OF FRANKLIN POLICE

Status: APPROVED      Approved Date: Feb 16, 2010

Approval Number: G86953

FRANKLIN CITY COMBINED COURTS  
I, the undersigned clerk or deputy clerk of the court named herein certify that the date/time stamp on this document is a genuine stamp of this court and further authenticate and certify pursuant to VA Code 8.01-389 on this date that the document to which this authentication is affixed is a true record of this court.

1/15/10      Brendi Jones, Clerk  
Clerk / Deputy Clerk

# Firearms Transaction Record Part I - Over-the-Counter

**WARNING:** You may not receive a firearm if prohibited by Federal or State law. The information you provide will be used to determine whether you are prohibited under law from receiving a firearm. Certain violations of the Gun Control Act, 18 U.S.C. §§ 921 *et. seq.*, are punishable by up to 10 years imprisonment and/or up to a \$250,000 fine.

Transferor's Transaction  
Serial Number (If any)  
2598-11 / 2599-c  
2598-19  
2598-18

Prepare in original only. All entries must be handwritten in ink. Read the Notices, Instructions and Definitions on this form. **"PLEASE PRINT."**

**Section A - Must Be Completed Personally By Transferor (Buyer)**

1. Transferee's Full Name  
Last Name: HARDISON First Name: Phillip Middle Name (If no middle name, state "NMN"): McArthur

2. Current Residence Address (U.S. Postal abbreviations are acceptable. Do not use a post office box.)  
Number and Street Address: [Redacted] City: 11570 County: [Redacted] State: [Redacted] ZIP Code: [Redacted]

3. Place of Birth  
U.S. City and State: [Redacted] -OR- Foreign Country: N/A  
4. Height: Ft. [Redacted] In. [Redacted]  
5. Weight (Lbs.): [Redacted]  
6. Gender: Male  Female   
7. Birth Date: Month [Redacted] Day [Redacted] Year [Redacted]

8. Social Security Number (Optional, but will help prevent misidentification): [Redacted]  
9. Unique Personal Identification Number (UPIN) if applicable (See Instructions for Question 9.): N/A

10. Race (Ethnicity) (Check one or more boxes. See Instructions for Question 10.)  
 American Indian or Alaska Native  Black or African American  Native Hawaiian or Other Pacific Islander  
 Hispanic or Latino  Asian  White

11. Answer questions 11.a. (see exceptions) through 11.l. and 12 (if applicable) by checking or marking "yes" or "no" in the boxes to the right of the questions.

a. Are you the actual transferee/buyer of the firearm(s) listed on this form? Warning: You are not the actual buyer if you are acquiring the firearm(s) on behalf of another person. If you are not the actual buyer, the dealer cannot transfer the firearm(s) to you. (See Instructions for Question 11.a.) Exception: If you are picking up a repaired firearm(s) for another person, you are not required to answer 11.a. and may proceed to question 11.b.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (See Instructions for Question 11.b.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (See Instructions for Question 11.c.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
d. Are you a fugitive from justice?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
e. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
f. Have you ever been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs) OR have you ever been committed to a mental institution? (See Instructions for Question 11.f.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
g. Have you been discharged from the Armed Forces under dishonorable conditions?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
h. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (See Instructions for Question 11.h.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
i. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See Instructions for Question 11.i.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
j. Have you ever renounced your United States citizenship?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
k. Are you an alien illegally in the United States?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
l. Are you a nonimmigrant alien? (See Instructions for Question 11.l.) If you answered "no" to this question, do NOT respond to question 12 and proceed to question 13.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
12. If you are a nonimmigrant alien, do you fall within any of the exceptions set forth in the instructions? (If "yes," the licensee must complete question 20d.) (See Instructions for Question 12.) If question 11.l. is answered with a "no" response, then do NOT respond to question 12 and proceed to question 13.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

13. What is your State of residence (if any)? (See Instructions for Question 13.) Virginia  
14. What is your country of citizenship? (List/check more than one, if applicable. If you are a citizen of the United States, proceed to question 16.)  United States of America  Other (Specify) \_\_\_\_\_  
15. If you are not a citizen of the United States, what is your U.S.-issued alien number or admission number? N/A

Department of State Police
Virginia Firearms Transaction Record

Fee Collected: [X] \$2.00 Resident [ ] \$5.00 Non-Resident [ ] \$5.00 Mail-in Transaction

Transaction Serial Number Q 725014

NOTE: Prepare in original only. All entries on this form must be in ink.

NOTICE TO BUYER - VIRGINIA LAW PROHIBITS THE PURCHASE OF MORE THAN ONE HANDGUN WITHIN ANY THIRTY-DAY PERIOD UNLESS SPECIFICALLY AUTHORIZED BY STATUTE. CERTAIN PURCHASES OF MULTIPLE HANDGUNS, HANDGUN EXCHANGES, REPLACEMENTS, OR TRADES, ARE EXEMPT FROM THE HANDGUN RESTRICTION. SEE IMPORTANT NOTICES AND INSTRUCTIONS TO TRANSFEREE ON THE BACK OF THIS FORM.

SECTION A - MUST BE COMPLETED PERSONALLY BY TRANSFEREE (BUYER)

1. Transferee's (Buyer's) Name (Last, First, Middle)

HARDISON, PHILIP, MCAULDER

2. [X] Male [ ] Female

3. Birth Date (Month, Day, Year)

4. Social Security Number or Other Identifying Number

5. Race (Ethnicity) (Check one or more boxes)

- American Indian or Alaska Native [ ] Black or African American [ ] Native Hawaiian or Other [ ] Hispanic or Latino [ ] Asian [ ] White [X]

6. Are you a citizen of the United States? [X] Yes [ ] No

If "No," what is your INS-issued alien number or admission number? N/A

Certification of Transferee - Answer the questions below by writing "yes" or "no" in the boxes to the right. AN UNTRUTHFUL ANSWER MAY SUBJECT YOU TO CRIMINAL PROSECUTION

- 7. Have you been convicted of a felony offense or found guilty or adjudicated delinquent as a juvenile 14 years of age or older... [ ] Yes [X] No
8. Are you subject to a court order restraining you from harassing, stalking, or threatening your child... [ ] Yes [X] No
9. Have you ever been acquitted by reason of insanity and prohibited from purchasing, possessing or transporting a firearm... [ ] Yes [X] No

I certify that the above answers and answers on the corresponding Federal Firearms Transaction Record (ATF F 4473) form are true and correct. I understand that I may not receive a firearm if I am prohibited by federal or state law. I understand that the making of a false statement on this form and/or the corresponding federal form is punishable as a felony. I hereby consent to having the transferor (seller) request a criminal history record information check be performed by the Department of State Police about me in connection with this transaction.

10. Transferee's Signature [Signature] 11. Date (Month, Day, Year) 2/16/2010 12. State Police Approval Number or Other Final Status G 86953

SECTION B - MUST BE COMPLETED BY TRANSFEROR (SELLER)

- 13. Establishment of Identification and Residency
A. Primary ID: Driver's License Number [redacted] or Identification Card Number [redacted] State Va.
B. Issuance Date of Primary ID: [redacted]
C. Secondary ID: [redacted]
D. Military Personnel: [ ] Identification Card [ ] Permanent Orders to a Duty Post in Virginia
E. Multiple Handgun Purchase Waiver: [ ] Concealed Handgun Permit [ ] Law Enforcement Officer [ ] Trade [ ] Exchange [ ] Redeem Pawn [ ] Multiple Handgun Purchase Certificate [ ] Other:
F. Assault Weapon Purchase: Identification provided to establish citizenship or legal alien status:

14. No. of Firearms by Category: Pistol(s) 3 Revolver(s) Rifle(s) Shotgun(s) 1 15. Dealer Identification Number (DIN) [redacted]

16. Employee/Seller Identification Number [redacted] 17. Federal firearms License (Last 5 Digits) [redacted] 18. Jurisdiction of Sale (County or City) HENRY Co

19. Transferor's (Seller's) Signature and Title [Signature] Clerk 20. Transaction Date 2-16-10

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STATE POLICE

[ ] Approved [ ] Not Approved (Signature) Superintendent or Designee ORIGINAL Date

I certify that my answers to Section A are true, correct, and complete. I have read and understand the Notices, Instructions, and Definitions on ATF Form 4473. I understand that answering "yes" to question 11.a. if I am not the actual buyer is a crime punishable as a felony under Federal law, and may also violate State and/or local law. I understand that a person who answers "yes" to any of the questions 11.b. through 11.k. is prohibited from purchasing or receiving a firearm. I understand that a person who answers "yes" to question 11.l. is prohibited from purchasing or receiving a firearm, unless the person also answers "yes" to question 12. I also understand that making any false oral or written statement, or exhibiting any false or misrepresented identification with respect to this transaction, is a crime punishable as a felony under Federal law, and may also violate State and/or local law. I further understand that the repetitive purchase of firearms for the purpose of resale for livelihood and profit without a Federal firearms license is a violation of law (See Instructions for Question 16).

16. Transferee's/Buyer's Signature Phillip M. Harper 17. Certification Date 14 Feb 2010

**Section B - Must Be Completed By Transferor (Seller)**

18. Type of firearm(s) to be transferred (check or mark all that apply):  
 Handgun  Long Gun (rifles or shotguns)  Other Firearm (Frame, Receiver, etc. See Instructions for Question 18.)  
 19. If sale at a gun show or other qualifying event.  
 Name of Event \_\_\_\_\_  
 City, State \_\_\_\_\_

20a. Identification (e.g., Virginia Driver's license (VA DL) or other valid government-issued photo identification.) (See Instructions for Question 20.a.)  
 Issuing Authority and Type of Identification DMV VADL Number on Identification [REDACTED] Expiration Date of Identification (if any)  
 Month 02 Day 16 Year 2010

20b. Alternate Documentation (if driver's license or other identification document does not show current residence address)

20c. All Aliens: Type and dates of documents that establish 90-day residency (e.g., utility bills or lease agreements). (See Instructions for Question 20.c.)  
 Type(s) of Document \_\_\_\_\_ Date(s) of residence indicated on documents \_\_\_\_\_

20d. Nonimmigrant Aliens Must Provide: Type of documentation showing an exception to the nonimmigrant alien prohibition. (See Instructions for Question 20.d.)

**Questions 21, 22, or 23 Must Be Completed Prior To The Transfer Of The Firearm(s) (See Instructions for Questions 21, 22, and 23.)**

21a. Date the transferee's identifying information in Section A was transmitted to NICS or the appropriate State agency: (Month/Day/Year)  

Month	Day	Year
<u>2</u>	<u>16</u>	<u>2010</u>

 21b. The NICS or State transaction number (if any) was: [REDACTED]

21c. The response initially provided by NICS or the appropriate State agency was:  
 Proceed  Delayed [The firearm(s) may be transferred on \_\_\_\_\_ (MDI date provided by NICS) if State law permits (optional)]  
 Denied  Cancelled  
 21d. If initial NICS or State response was \_\_\_\_\_ the following response was received from NICS or the appropriate State agency:  
 Proceed \_\_\_\_\_  
 Denied \_\_\_\_\_  
 Cancelled \_\_\_\_\_  
 No resolution was provided within 3 business days.

21e. (Complete if applicable.) After the firearm was transferred, the following response was received from NICS or the appropriate State agency on: \_\_\_\_\_ (date).  
 Proceed  Denied  Cancelled

21f. The name and Brady identification number of the NICS examiner (Optional)  
 \_\_\_\_\_ (name) \_\_\_\_\_ (number)

22.  No NICS check was required because the transfer involved only NFA firearm(s). (See Instructions for Question 22.)

23.  No NICS check was required because the buyer has a valid permit from the State where the transfer is to take place, which qualifies as an exemption to NICS (See Instructions for Question 23.)  
 Issuing State and Permit Type \_\_\_\_\_ Date of Issuance (if any) \_\_\_\_\_ Expiration Date (if any) \_\_\_\_\_ Permit Number (if any) \_\_\_\_\_

**Section C - Must Be Completed Personally By Transferee (Buyer)**

If the transfer of the firearm(s) takes place on a different day from the date that the transferee (buyer) signed Section A, the transferee must complete Section C immediately prior to the transfer of the firearm(s). (See Instructions for Question 24 and 25.)

I certify that my answers to the questions in Section A of this form are still true, correct and complete.

24. Transferee's/Buyer's Signature Phillip M. Harper 25. Recertification Date 2/16/2010