

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund	FEC IDENTIFICATION NUMBER <b>C</b> C00053553
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Prolist Inc.

Date  
M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Mailing Address  
8341 Beechcraft Avenue

Amount  
2237.23

City State Zip Code  
Gaithersburg MD 20879-1509

Transaction ID: 27266371

Purpose of Expenditure  
Postage

Category/Type 004

Office Sought:  House State: AZ  
 Senate District: 03  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
JOHN SHADEGG

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
4100.48

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Prolist Inc.

Date  
M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Mailing Address  
8341 Beechcraft Avenue

Amount  
1862.99

City State Zip Code  
Gaithersburg MD 20879-1509

Transaction ID: 27266372

Purpose of Expenditure  
Postage

Category/Type 004

Office Sought:  House State: SC  
 Senate District: 01  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Rep. Henry E. Brown, Jr.

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
3422.71

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	4100.22
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins  
Signature

Date M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0