

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER C C00053553
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014
Mailing Address 11250 Waples Mill Road		Amount 1728.48
City Fairfax	State VA	Zip Code 22030
Purpose of Expenditure Salary / Benefits	Category/Type 001	Transaction ID : 61452252 Date of Disbursement or Obligation MM / DD / YYYY 08 / 27 / 2014
Name of Federal Candidate Sen. Mary Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3938.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2014
Mailing Address 11250 Waples Mill Road		Amount 230.47
City Fairfax	State VA	Zip Code 22030
Purpose of Expenditure Salary / Benefits	Category/Type 001	Transaction ID : 61452254 Date of Disbursement or Obligation MM / DD / YYYY 08 / 27 / 2014
Name of Federal Candidate Joni Ernst	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	2467.64	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1958.95
(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

[Electronically Filed]

Date **09 / 25 / 2014**