

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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee National Rifle Association of America	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014
Mailing Address 11250 Waples Mill Road	Amount 3559.18
City Fairfax	State VA
Zip Code 22030	Transaction ID : 62746989
Purpose of Expenditure Salary / Benefits	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014
Category/Type 001	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: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 1915030.25	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 M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014
Mailing Address 11250 Waples Mill Road	Amount 683.12
City Fairfax	State VA
Zip Code 22030	Transaction ID : 62746990
Purpose of Expenditure Salary / Benefits	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014
Category/Type 001	Name of Federal Candidate Rodney Blum
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 1478.88	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4242.30
(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 [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2015

Signature