

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 5  
FOR SE OF FORM 24/48

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

|  |                             |   |
|--|-----------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Prolist Inc.</b>              |                             | Date<br>MM / DD / YYYY<br><b>10 / 04 / 2012</b>   |
| Mailing Address <b>8341 Beechcraft Avenue</b>  |                             | Amount<br><b>3943.30</b>  |
| City<br><b>Gaithersburg</b>  | State<br><b>MD</b>          | Zip Code<br><b>20879-1509</b>   |
| Purpose of Expenditure<br><b>E-Mail Ads</b>  | Category/Type<br><b>004</b> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Mitt Romney</b> |                             | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election for Office Sought<br>MM / DD / YYYY <b>0.00</b>   |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |

Transaction ID : 48035222

|  |                             |   |
|--|-----------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Prolist Inc.</b>              |                             | Date<br>MM / DD / YYYY<br><b>10 / 03 / 2012</b>   |
| Mailing Address <b>8341 Beechcraft Avenue</b>  |                             | Amount<br><b>21876.07</b>   |
| City<br><b>Gaithersburg</b>  | State<br><b>MD</b>          | Zip Code<br><b>20879-1509</b>   |
| Purpose of Expenditure<br><b>Postage</b>   | Category/Type<br><b>004</b> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Mitt Romney</b> |                             | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election for Office Sought<br>MM / DD / YYYY <b>0.00</b>   |                             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |

Transaction ID : 48035224

|  |                 |
|--|-----------------|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....    | <b>25819.37</b> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                 |
| <b>(c) TOTAL</b> 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 MM / DD / YYYY **10 / 05 / 2012**

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F24N  
Transaction ID :

Estimated Cost

Form/Schedule:  
Transaction ID:

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b>   | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black;">C</span> C00053553         </div> |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Prolist Inc.</b>   |  | Date<br><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y<br/>10 / 03 / 2012</div>   |
| Mailing Address <b>8341 Beechcraft Avenue</b>   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">8001.09</div>   |
| City<br><b>Gaithersburg</b>   | State<br><b>MD</b>   |  |
| Zip Code<br><b>20879-1509</b>   |  | <b>Transaction ID : 48035226</b>   |
| Purpose of Expenditure<br><b>Postcards</b>  | Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Mitt Romney</b>  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____             |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Master Print, Inc.</b>   |  | Date<br><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y<br/>10 / 03 / 2012</div>   |
| Mailing Address <b>P.O. Box 1467</b>  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">102686.85</div>   |
| City<br><b>Newington</b>  | State<br><b>VA</b>   |  |
| Zip Code<br><b>22122</b>  |  | <b>Transaction ID : 48035230</b>   |
| Purpose of Expenditure<br><b>Print 4 Color Cards</b>  | Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b>   |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____             |

|  |           |
|--|-----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | 110687.94 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ |           |
| (c) <b>TOTAL</b> 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

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b>   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="font-size: 1.2em; padding-left: 5px;">C00053553</span> </div> |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M M</div> /            <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D D</div> /            <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div> |  |

|   |  |   |       |          |              |    |
|---|--|---|-------|----------|--------------|----|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Prolist Inc.</b>   | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">10</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">03</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">2012</div> |   |       |          |              |    |
| Mailing Address <b>8341 Beechcraft Avenue</b>   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; text-align: right;">1198013.25</div>   |   |       |          |              |    |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">City</td> <td style="width:20%;">State</td> <td style="width:45%;">Zip Code</td> </tr> <tr> <td>Gaithersburg</td> <td>MD</td> <td>20879-1509</td> </tr> </table> |  | City  | State | Zip Code | Gaithersburg | MD |
| City  | State  | Zip Code  |       |          |              |    |
| Gaithersburg  | MD   | 20879-1509  |       |          |              |    |
| Purpose of Expenditure<br>Postage   | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |       |          |              |    |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b>   |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |       |          |              |    |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>   |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |       |          |              |    |

Transaction ID : 48035232

|   |  |   |       |          |              |    |
|---|--|---|-------|----------|--------------|----|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Prolist Inc.</b>   | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">10</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">03</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">2012</div> |   |       |          |              |    |
| Mailing Address <b>8341 Beechcraft Avenue</b>   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; text-align: right;">68457.90</div>   |   |       |          |              |    |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">City</td> <td style="width:20%;">State</td> <td style="width:45%;">Zip Code</td> </tr> <tr> <td>Gaithersburg</td> <td>MD</td> <td>20879-1509</td> </tr> </table> |  | City  | State | Zip Code | Gaithersburg | MD |
| City  | State  | Zip Code  |       |          |              |    |
| Gaithersburg  | MD   | 20879-1509  |       |          |              |    |
| Purpose of Expenditure<br>Postcards - Data and Mailing  | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____ |       |          |              |    |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b>   |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |       |          |              |    |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>   |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |       |          |              |    |

Transaction ID : 48035234

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....    | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; text-align: right;">1266471.15</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; text-align: center;"> </div>         |
| <b>(c) TOTAL</b> Independent Expenditures.....                   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; text-align: center;"> </div>         |

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

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2012

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b>   | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00053553</span> </div> |
| Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div> </div> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial) of Payee<br><b>Federal Capitol Communications Corporation</b>   |   | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div> |
| Mailing Address <b>950 F Street, NW, #525</b>   |   | Amount<br><div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2580.00</div>   |
| City <b>Washington</b>  | State <b>DC</b>   | Zip Code <b>20004</b>   |
| Purpose of Expenditure<br><b>Graphic Art Design</b>   | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: _____ District: _____   |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br><b>Barack Obama</b>   |   | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div> |   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____  |

**Transaction ID : 48035243**

|  |               |  |
|--|---------------|--|
| Full Name (Last, First, Middle Initial) of Payee               |               | Date   |
| Mailing Address  |               | Amount   |
| City   | State         | Zip Code   |
| Purpose of Expenditure   | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: |               | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Calendar Year-To-Date Per Election for Office Sought           |               | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____          |

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2580.00</div>    |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>          |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1405558.46</div> |

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

M M /

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