

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

PAGE 1 OF 16
FOR SE OF FORM 24/48

| | |
|--|--|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C 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="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div> | |

| | |
|---|--|
| Full Name (Last, First, Middle Initial) of Payee OnMessage, Inc. | Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">10</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">08</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">2012</div> |
| Mailing Address 2130 Priest Bridge Drive, #11 | |
| City State Zip Code Crofton MD 21114 | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1325726.88</div> |
| Purpose of Expenditure TV Advertising | 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 | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney | |
| Check One: <input checked="" type="checkbox"/> Support <input 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 <input type="checkbox"/> Other (specify) | |

Transaction ID : 48043015

| | |
|---|--|
| Full Name (Last, First, Middle Initial) of Payee OnMessage, Inc. | Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">10</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">08</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">2012</div> |
| Mailing Address 2130 Priest Bridge Drive, #11 | |
| City State Zip Code Crofton MD 21114 | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">7030.00</div> |
| Purpose of Expenditure TV Ad Production Cost | 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 | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney | |
| Check One: <input checked="" type="checkbox"/> Support <input 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 <input type="checkbox"/> Other (specify) | |

Transaction ID : 48043017

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1332756.88</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </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

10

 /

10

 /

2012

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

| | |
|--|--|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C 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="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 OnMessage, Inc. | Date <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;">08</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">2012</div> | | | | | |
| Mailing Address 2130 Priest Bridge Drive, #11 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; text-align: right;">128296.65</div> | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; padding: 2px;">City</td> <td style="width:15%; padding: 2px;">State</td> <td style="width:40%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Crofton</td> <td style="padding: 2px;">MD</td> <td style="padding: 2px;">21114</td> </tr> </table> | | City | State | Zip Code | Crofton | MD |
| City | State | Zip Code | | | | |
| Crofton | MD | 21114 | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; padding: 2px;">Purpose of Expenditure Radio Advertising</td> <td style="width:15%; padding: 2px;">Category/ Type</td> <td style="width:40%; padding: 2px; text-align: center;">004</td> </tr> </table> | Purpose of Expenditure Radio Advertising | Category/ Type | 004 | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ | | |
| Purpose of Expenditure Radio Advertising | Category/ Type | 004 | | | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama | 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: 200px; text-align: right;">0.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | | | | |

Transaction ID : 48043019

| | | | | | | |
|---|--|-------------------|-------|---|---------|----|
| Full Name (Last, First, Middle Initial) of Payee OnMessage, Inc. | Date <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;">08</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">2012</div> | | | | | |
| Mailing Address 2130 Priest Bridge Drive, #11 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; text-align: right;">1750.00</div> | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; padding: 2px;">City</td> <td style="width:15%; padding: 2px;">State</td> <td style="width:40%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Crofton</td> <td style="padding: 2px;">MD</td> <td style="padding: 2px;">21114</td> </tr> </table> | | City | State | Zip Code | Crofton | MD |
| City | State | Zip Code | | | | |
| Crofton | MD | 21114 | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; padding: 2px;">Purpose of Expenditure Radio Ad Production</td> <td style="width:15%; padding: 2px;">Category/ Type</td> <td style="width:40%; padding: 2px; text-align: center;">004</td> </tr> </table> | Purpose of Expenditure Radio Ad Production | Category/ Type | 004 | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ | | |
| Purpose of Expenditure Radio Ad Production | Category/ Type | 004 | | | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama | 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: 200px; text-align: right;">0.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | | | | |

Transaction ID : 48043021

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; text-align: right;">130046.65</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 200px; text-align: right;"> </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

10

 /

10

 /

2012

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

| | |
|---|--|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C 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="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> </div> | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee OnMessage, Inc. | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |
| Mailing Address 2130 Priest Bridge Drive, #11 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">24950.00</div> |
| City State Zip Code Crofton MD 21114 | Transaction ID : 48058320 | |
| Purpose of Expenditure TV & Radio Ad Production | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney | | Check One: <input checked="" type="checkbox"/> Support <input 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 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee Executive Eagles Advertising, LLC | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |
| Mailing Address 1005 Frederick Road | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2321.06</div> |
| City State Zip Code Catonsville MD 21228 | Transaction ID : 48059526 | |
| Purpose of Expenditure Yard Signs | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama | | 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 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">27271.06</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </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 / D D / Y Y Y Y Y Y

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

| | |
|---|--|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 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: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div> | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee Master Print, Inc. | | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div> |
| Mailing Address P.O. Box 1467 | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1572.85</div> |
| City Newington | State VA | Zip Code 22122 |
| Purpose of Expenditure Print 4 Color Cards | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Richard Berg | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

Transaction ID : 48071882

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee Master Print, Inc. | | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div> |
| Mailing Address P.O. Box 1467 | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3021.27</div> |
| City Newington | State VA | Zip Code 22122 |
| Purpose of Expenditure Print 4 Color Cards | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Shelley Berkley | | 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; width: 100%; text-align: right;">0.00</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

Transaction ID : 48071883

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4594.12</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </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

 /

D D

 /

Y Y Y Y Y Y

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

| | |
|---|---|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C 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="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> </div> | |

| | |
|---|---|
| Full Name (Last, First, Middle Initial) of Payee Master Print, Inc. | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |
| Mailing Address P.O. Box 1467 | <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 09 / 2012</div> |
| City State Zip Code Newington VA 22122 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24204.47</div> |
| Purpose of Expenditure Print 4 Color Cards | Category/Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Sen. Sherrod Brown | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : 48071884

| | |
|---|---|
| Full Name (Last, First, Middle Initial) of Payee Master Print, Inc. | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |
| Mailing Address P.O. Box 1467 | <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 09 / 2012</div> |
| City State Zip Code Newington VA 22122 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10710.04</div> |
| Purpose of Expenditure Print 4 Color Cards | Category/Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Timothy Kaine | Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

Transaction ID : 48071885

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">34914.51</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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 / D D / Y Y Y Y Y Y

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

| | |
|--|---|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 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 | |

| | |
|---|---|
| Full Name (Last, First, Middle Initial) of Payee Master Print, Inc. | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 09 / 2012 </div> |
| Mailing Address P.O. Box 1467 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 12427.78 </div> |
| City State Zip Code Newington VA 22122 | Transaction ID : 48071886 |
| Purpose of Expenditure Print 4 Color Cards | Category/Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Tammy Baldwin | Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | |
|---|---|
| Full Name (Last, First, Middle Initial) of Payee Master Print, Inc. | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 09 / 2012 </div> |
| Mailing Address P.O. Box 1467 | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 16015.95 </div> |
| City State Zip Code Newington VA 22122 | Transaction ID : 48071887 |
| Purpose of Expenditure Print 4 Color Cards | Category/Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Claire McCaskill | Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 28443.73 |
| (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
M M / D D / Y Y Y Y
 10 / 10 / 2012

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

| | |
|--|--|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C 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="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 Prolist Inc. | | Date <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;">09 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">2012</div> |
| Mailing Address 8341 Beechcraft Avenue | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">17234.16</div> |
| City Gaithersburg | State MD | Zip Code 20879-1509 |
| Purpose of Expenditure Postage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Richard Berg | | Check One: <input checked="" type="checkbox"/> Support <input 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 <input type="checkbox"/> Other (specify) _____ |

Transaction ID : 48058314

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) of Payee Prolist Inc. | | Date <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;">09 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">2012</div> |
| Mailing Address 8341 Beechcraft Avenue | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">33104.97</div> |
| City Gaithersburg | State MD | Zip Code 20879-1509 |
| Purpose of Expenditure Postage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div> | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Shelley Berkley | | 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 <input type="checkbox"/> Other (specify) _____ |

Transaction ID : 48071890

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">50339.13</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </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

10 /

10 /

2012

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

| | |
|---|--|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 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="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div> | |

| | |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee Prolist Inc. | Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">10 / 09 / 2012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |
| Mailing Address 8341 Beechcraft Avenue | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">265215.60</div> |
| City State Zip Code Gaithersburg MD 20879-1509 | Transaction ID : 48071891 |
| Purpose of Expenditure Postage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> |
| Name of Federal Candidate Supported or Opposed by Expenditure: Sen. Sherrod Brown | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President 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;">M M / D D / Y Y Y Y Y Y</div> 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---|
| Full Name (Last, First, Middle Initial) of Payee Prolist Inc. | Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">10 / 09 / 2012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |
| Mailing Address 8341 Beechcraft Avenue | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">117353.09</div> |
| City State Zip Code Gaithersburg MD 20879-1509 | Transaction ID : 48071892 |
| Purpose of Expenditure Postage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Timothy Kaine | Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President 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;">M M / D D / Y Y Y Y Y Y</div> 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">382568.69</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></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 / D D / Y Y Y Y Y Y

10 / 10 / 2012

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

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

| | |
|---|---|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 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: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div> | |

| | | | |
|---|--|--|----------------------------|
| Full Name (Last, First, Middle Initial) of Payee Prolist Inc. | | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">10</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">09</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">2012</div> </div> | |
| Mailing Address 8341 Beechcraft Avenue | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">136174.90</div> | |
| City Gaithersburg | State MD | | Zip Code 20879-1509 |
| Purpose of Expenditure Postage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Tammy Baldwin | | 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 <input type="checkbox"/> Other (specify) ▶ _____ | |

Transaction ID : 48071896

| | | | |
|---|--|--|----------------------------|
| Full Name (Last, First, Middle Initial) of Payee Prolist Inc. | | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">10</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">09</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">2012</div> </div> | |
| Mailing Address 8341 Beechcraft Avenue | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">175491.58</div> | |
| City Gaithersburg | State MD | | Zip Code 20879-1509 |
| Purpose of Expenditure Postage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Claire McCaskill | | 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 <input type="checkbox"/> Other (specify) ▶ _____ | |

Transaction ID : 48071898

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">311666.48</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </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

10

 /

10

 /

2012

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

| | |
|--|--|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C 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 Prolist Inc. | Date <div style="display: flex; justify-content: space-around;"> <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;">10 / 09 / 2012</div> </div> | | | | | |
| Mailing Address 8341 Beechcraft Avenue | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1009.12</div> | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">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 | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure Postcards - Data and Mailing</td> <td style="width:15%;">Category/ Type</td> <td style="width:40%; border: 1px solid black; text-align: center;">004</td> </tr> </table> | Purpose of Expenditure Postcards - Data and Mailing | Category/ Type | 004 | Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | | |
| Purpose of Expenditure Postcards - Data and Mailing | Category/ Type | 004 | | | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Richard Berg | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| Calendar Year-To-Date Per Election for Office Sought <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 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | |

Transaction ID : 48058316

| | | | | | | |
|--|---|-------------------|-------|---|--------------|----|
| Full Name (Last, First, Middle Initial) of Payee Prolist Inc. | Date <div style="display: flex; justify-content: space-around;"> <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;">10 / 09 / 2012</div> </div> | | | | | |
| Mailing Address 8341 Beechcraft Avenue | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1938.41</div> | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">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 | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure Postcards - Data and Mailing</td> <td style="width:15%;">Category/ Type</td> <td style="width:40%; border: 1px solid black; text-align: center;">004</td> </tr> </table> | Purpose of Expenditure Postcards - Data and Mailing | Category/ Type | 004 | Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | | |
| Purpose of Expenditure Postcards - Data and Mailing | Category/ Type | 004 | | | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Shelley Berkley | 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; text-align: right;">0.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | | | | |

Transaction ID : 48071903

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">2947.53</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </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 M / D D D / Y Y Y Y Y Y

10 / 10 / 2012

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

| | |
|---|---|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 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: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div> | |

| | |
|---|---|
| Full Name (Last, First, Middle Initial) of Payee Prolist Inc. | Date <div style="display: inline-block; margin-right: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div> |
| Mailing Address 8341 Beechcraft Avenue | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">15529.25</div> |
| City State Zip Code Gaithersburg MD 20879-1509 | Transaction ID : 48071905 |
| Purpose of Expenditure Postcards - Data and Mailing | Category/Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Sen. Sherrod Brown | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| Full Name (Last, First, Middle Initial) of Payee Prolist Inc. | Date <div style="display: inline-block; margin-right: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div> |
| Mailing Address 8341 Beechcraft Avenue | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">6871.41</div> |
| City State Zip Code Gaithersburg MD 20879-1509 | Transaction ID : 48071907 |
| Purpose of Expenditure Postcards - Data and Mailing | Category/Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Timothy Kaine | Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">22400.66</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </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 M

 /

D D D

 /

Y Y Y Y Y Y Y Y

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

| | |
|---|---|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 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="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) of Payee Prolist Inc. | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 09 / 2012 |
| Mailing Address 8341 Beechcraft Avenue | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7973.49</div> |
| City Gaithersburg | State MD | |
| Zip Code 20879-1509 | Transaction ID : 48071910 | |
| Purpose of Expenditure Postcards - Data and Mailing | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Tammy Baldwin | | 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;">0.00</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) of Payee Prolist Inc. | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 09 / 2012 |
| Mailing Address 8341 Beechcraft Avenue | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10275.61</div> |
| City Gaithersburg | State MD | |
| Zip Code 20879-1509 | Transaction ID : 48071911 | |
| Purpose of Expenditure Postcards - Data and Mailing | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Claire McCaskill | | 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;">0.00</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">18249.10</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></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

[Electronically Filed]

Signature _____ Date

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

10 / 10 / 2012

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

| | |
|--|---|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 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 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) of Payee Federal Capitol Communications Corporation | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 09 / 2012 </div> |
| Mailing Address 950 F Street, NW, #525 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 750.00 </div> |
| City Washington State DC Zip Code 20004 | Transaction ID : 48072983 | |
| Purpose of Expenditure Graphic Art Design - Estimated Cost | Category/Type 004 | Office Sought: <input type="checkbox"/> House State: ND <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Richard Berg | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) of Payee Federal Capitol Communications Corporation | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 09 / 2012 </div> |
| Mailing Address 950 F Street, NW, #525 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 750.00 </div> |
| City Washington State DC Zip Code 20004 | | Transaction ID : 48072984 |
| Purpose of Expenditure Graphic Art Design - Estimated Cost | Category/Type 004 | Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Shelley Berkley | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 1500.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </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 10 / 10 / 2012

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

| | |
|--|---|
| 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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | |
|---|---------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee Federal Capitol Communications Corporation | | Date 10 / 09 / 2012 |
| Mailing Address 950 F Street, NW, #525 | | Amount 750.00 |
| City Washington State DC Zip Code 20004 | Transaction ID : 48072985 | |
| Purpose of Expenditure Graphic Art Design - Estimated Cost | Category/Type 004 | Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Sen. Sherrod Brown | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | | |
|---|---------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee Federal Capitol Communications Corporation | | Date 10 / 09 / 2012 |
| Mailing Address 950 F Street, NW, #525 | | Amount 750.00 |
| City Washington State DC Zip Code 20004 | Transaction ID : 48072986 | |
| Purpose of Expenditure Graphic Art Design - Estimated Cost | Category/Type 004 | Office Sought: <input type="checkbox"/> House State: VA <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Timothy Kaine | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 1500.00 |
| (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 10 / 10 / 2012

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

| | |
|---|--|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 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="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> </div> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) of Payee Federal Capitol Communications Corporation | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">10 / 09 / 2012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> |
| Mailing Address 950 F Street, NW, #525 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">750.00</div> |
| City Washington State DC Zip Code 20004 | Transaction ID : 48072987 | |
| Purpose of Expenditure Graphic Art Design - Estimated Cost | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Tammy Baldwin | | 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: 100px; text-align: right;">0.00</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) of Payee Federal Capitol Communications Corporation | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">10 / 09 / 2012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> |
| Mailing Address 950 F Street, NW, #525 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">750.00</div> |
| City Washington State DC Zip Code 20004 | | Transaction ID : 48072988 |
| Purpose of Expenditure Graphic Art Design - Estimated Cost | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Claire McCaskill | | 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: 100px; text-align: right;">0.00</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </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 M / D D D / Y Y Y Y Y Y

10 / 10 / 2012

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

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

| | |
|---|--|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C 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: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div> | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) of Payee OnMessage, Inc. | | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">10</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">08</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2012</div> </div> |
| Mailing Address 2130 Priest Bridge Drive, #11 | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">120597.94</div> |
| City Crofton State MD Zip Code 21114 | Transaction ID : 48072992 | |
| Purpose of Expenditure Online Advertising | Category/Type <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">004</div> | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama | | 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; width: 100%; text-align: right;">0.00</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) of Payee | | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> </div> |
| Mailing Address | | Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div> |
| City State Zip Code | Transaction ID : 48072992 | |
| Purpose of Expenditure | Category/Type <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> </div> | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| 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 <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div> | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">120597.94</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2471296.48</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 /

D D /

Y Y Y Y Y Y