

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 Downtown Billings Association [MEMO ITEM] Booth Rental	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2014
Mailing Address 2815 2nd Avenue, N.	Amount 100.00
City State Zip Code Billings MT 59101	Transaction ID : 62093498 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure Booth Rental	Category/Type 004
Name of Federal Candidate Steven Daines	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: MT
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ 5410.24

Full Name of Payee Sports Connection, Inc. [MEMO ITEM] Booth Rental	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2014
Mailing Address P.O. Box 633	Amount 52.00
City State Zip Code Park City MT 59063	Transaction ID : 62047713 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure Booth Rental	Category/Type 004
Name of Federal Candidate Steven Daines	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: MT
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ 3666.63

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(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 **01 / 29 / 2015**