

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

PAGE 1 OF 3
FOR SE OF FORM 24/48

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		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee
NRA Institute for Legislative Action

Date
MM / DD / YYYY
09 / 22 / 2012

Mailing Address **11250 Waples Mill Road**

Amount
65.00

City State Zip Code
Fairfax VA 22030

Transaction ID : **47849601**

Purpose of Expenditure
Booth Rental Category/Type **004**

Office Sought: House Senate President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought **0.00**

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Southeastern Guns & Knives, Ltd.

Date
MM / DD / YYYY
09 / 22 / 2012

Mailing Address **P.O. Box 6601**

Amount
65.00

City State Zip Code
Portsmouth VA 23703

Transaction ID : **47849604**

Purpose of Expenditure
Booth Rental Category/Type **004**

Office Sought: House Senate President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought **0.00**

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	130.00
(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

[Electronically Filed]

Date MM / DD / YYYY
09 / 24 / 2012

Signature

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 /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee A.R.H. Sport Shop		Date <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2012</div>
Mailing Address 4174 Route 40		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>
City Claysville	State PA	
Zip Code 15323	Transaction ID : 47849625	
Purpose of Expenditure Booth Rental	Category/ Type <div style="border: 1px solid black; padding: 2px;">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; 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 Veterans of Foreign Wars of the United States		Date <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2012</div>
Mailing Address Gen. MacArthur Memorial Post 392 2408 Bowland Parkway		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>
City Virginia Beach	State VA	
Zip Code 23454	Transaction ID : 47849629	
Purpose of Expenditure Booth Rental	Category/ Type <div style="border: 1px solid black; padding: 2px;">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; 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; text-align: right;">280.00</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

09 / 24 / 2012

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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 /</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 Appalachian Promotions	Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">09 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">22 /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">2012</div>
Mailing Address 7328 Wertzville Road	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">50.00</div>
City Carlisle State PA Zip Code 17015	Transaction ID : 47849639
Purpose of Expenditure Booth Rental	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">004</div>
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" 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; 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	Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"> /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"> /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;"> </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
City State Zip Code	Transaction ID :
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;"> </div>
Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President 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; display: inline-block; width: 100px; text-align: right;"> </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; display: inline-block; width: 150px; text-align: right;">50.00</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;">460.00</div>

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Mary Rose Adkins
 Signature _____ [Electronically Filed] Date

09 /

24 /

2012