

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER <b>C C00053553</b>
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		MM / DD / YYYY

Full Name of Payee <b>Starboard Strategic, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
Mailing Address 705 Melvin Avenue, #105		Amount <b>507.05</b>	
City Annapolis	State MD	Zip Code 21401	Transaction ID : <b>61846504</b>
Purpose of Expenditure Radio Advertising	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate Bruce Braley	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>902749.91</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Starboard Strategic, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 17 / 2014</b>	
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City Annapolis	State MD	Zip Code 21401	Transaction ID : <b>61846505</b>
Purpose of Expenditure Radio Advertising	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 19 / 2014</b>	
Name of Federal Candidate Sen. Mitch McConnell	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <b>KY</b>
Calendar Year-To-Date Per Election for Office Sought <b>487448.60</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1014.10</b>
(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 **12 / 04 / 2014**