

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 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 checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Starboard Strategic, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 05 / 2017	
Mailing Address 705 Melvin Avenue, #105		Amount 48633.00	
City Annapolis	State MD	Zip Code 21401	Transaction ID : 75275385
Purpose of Expenditure Radio Ads	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Ossoff, T. Jonathan, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2017 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Starboard Strategic, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 05 / 2017	
Mailing Address 705 Melvin Avenue, #105		Amount 725.50	
City Annapolis	State MD	Zip Code 21401	Transaction ID : 75275478
Purpose of Expenditure Radio Ad Production Cost	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Ossoff, T. Jonathan, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2017 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49358.50
(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.

Adkins, Mary Rose, , ,

[Electronically Filed]

Date

MM / DD / YYYY
04 / 05 / 2017

Signature

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: flex; align-items: center;"> C C00053553 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee Prolist Inc.		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>04 / 05 / 2017</div> </div>	
Mailing Address 4510 Buckeystown Pike, Suite M		Amount <div> <div>Amount</div> <div>8188.70</div> </div>	
City Frederick	State MD	Zip Code 21704-7539	Transaction ID : 75275546 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div></div> </div>
Purpose of Expenditure Postage		Category/ Type 004	
Name of Federal Candidate Ossoff, T. Jonathan, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: GA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>0.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2017 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Prolist Inc.		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>04 / 05 / 2017</div> </div>	
Mailing Address 4510 Buckeystown Pike, Suite M		Amount <div> <div>Amount</div> <div>1680.14</div> </div>	
City Frederick	State MD	Zip Code 21704-7539	Transaction ID : 75275549 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div></div> </div>
Purpose of Expenditure Postcards	Category/ Type	004	
Name of Federal Candidate Ossoff, T. Jonathan, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>0.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2017 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	9868.84
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	59227.34

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.

[Electronically Filed]

Signature

Date _____

MM / DD / YYYY