

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

PAGE 1 OF 2  
FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Rifle Association of America Political Victory Fund</b>   | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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  | Date  |
| Mailing Address   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> </div>   |
| City State Zip Code   | Amount  |
| Purpose of Expenditure <span style="float: right;">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span> | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><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 <span style="border: 1px solid black; padding: 2px;"> </span>                    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____             |

|   |   |
|---|---|
| Full Name (Last, First, Middle Initial) of Payee  | Date  |
| Mailing Address   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> </div>   |
| City State Zip Code   | Amount  |
| Purpose of Expenditure <span style="float: right;">Category/Type <span style="border: 1px solid black; padding: 2px;"> </span></span> | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><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 <span style="border: 1px solid black; padding: 2px;"> </span>                    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____             |

|  |  |
|--|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"><span style="font-size: 0.8em;"> </span> 0.00</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"><span style="font-size: 0.8em;"> </span></div>      |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"><span style="font-size: 0.8em;"> </span></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  
05 / 25 / 2012

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F24N  
Transaction ID :

Estimated Cost

Form/Schedule:  
Transaction ID: