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

Schedule E)	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 24-hour report 48-hour report New report Amends report filed	d on Man / Dad / Yayayay
Full Name of Payee Master Print, Inc. Mailing Address P.O. Box 1467	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
City State Zip Code Newington VA 22122	957.39 Transaction ID : 61287407 Date of Disbursement or Obligation
Purpose of Expenditure Print 4 Color Flyers Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate Barbara Comstock Support Office Oppose	e Sought:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
Full Name of Payee Master Print, Inc.	Date of Public Distribution/Dissemination 08 21 2014
Mailing Address P.O. Box 1467	Amount
City State Zip Code Newington VA 22122	239.35 Transaction ID : 61287603
Purpose of Expenditure Print 4 Color Flyers Category/ Type 004	Date of Disbursement or Obligation
Name of Federal Candidate John Foust Support Office Oppose	e Sought: House District: 10 President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought Disb 201-	ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1196.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1171171
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Mary Rose Adkins [Electronically Filed] Date	08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 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 24-hour report X 48-hour report New report Amends rep	ort filed on
Full Name of Payee Manistee County Agricultural Society	Date of Public Distribution/Dissemination 08 19 2014
Mailing Address 7587 1st Street	Amount
City State Zip Code Onekama MI 49675	50.00 Transaction ID : 61289549
Purpose of Expenditure Booth Rental Category/ Type 004	Date of Disbursement or Obligation
Name of Federal Candidate Support	Office Sought:
Daniel Benishek M.D. Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Oppose	Office Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	> 50.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1246.74
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	e 08 21 2014