

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

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund	FEC IDENTIFICATION NUMBER ▼ C C00053553
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item i360, LLC		
Mailing Address P.O. Box 37046		
City Baltimore	State MD	Zip Code 21297
Purpose of Expenditure Phone Bank		Category/Type <input type="text" value="004"/>

Date of Public Distribution/Dissemination / /

Amount

Transaction ID : 74282429

Date of Disbursement or Obligation / /

Name of Federal Candidate: **Glenn, Darryl, , ,** Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Office Sought: House Senate District: _____ State: **CO**

Disbursement For: Primary General 2016 Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item i360, LLC		
Mailing Address P.O. Box 37046		
City Baltimore	State MD	Zip Code 21297
Purpose of Expenditure Phone Bank		Category/Type <input type="text" value="004"/>

Date of Public Distribution/Dissemination / /

Amount

Transaction ID : 74282430

Date of Disbursement or Obligation / /

Name of Federal Candidate: **Grassley, Chuck, E., Sen.,** Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Office Sought: House Senate District: _____ State: **IA**

Disbursement For: Primary General 2016 Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text" value="264.90"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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]**
Signature

Date / /