

**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</b> C00053553
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>National Rifle Association of America</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 11250 Waples Mill Road	Amount <input type="text"/> 1950.77 <b>Transaction ID : 74374045</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Fairfax VA 22030	
Purpose of Expenditure Salary / Benefits Category/Type <input type="text"/> 001	
Name of Federal Candidate: Grassley, Chuck, E., Sen., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2148.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>National Rifle Association of America</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 11250 Waples Mill Road	Amount <input type="text"/> 1691.84 <b>Transaction ID : 74374046</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Fairfax VA 22030	
Purpose of Expenditure Salary / Benefits Category/Type <input type="text"/> 001	
Name of Federal Candidate: Glenn, Darryl, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 7542.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/> 3642.61
(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]

Date

/  /

Signature