

**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
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Prolist Inc.

Mailing Address
8341 Beechcraft Avenue

City Gaithersburg	State MD	Zip Code 20879-1509
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Purpose of Expenditure Independent Expenditure - Postcards	Category/Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
Mr. Ron Klein

Date

M M	/	D D	/	Y Y Y Y
1 2		2 8		2 0 0 6

Amount

234.95

Transaction ID: 18594964

Office Sought: House State: FL
 Senate District: 22
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : 2006 US General Elec

Calendar Year-To-Date Per Election for Office Sought

1462.83

Full Name (Last, First, Middle, Initial) of Payee
Prolist Inc.

Mailing Address
8341 Beechcraft Avenue

City Gaithersburg	State MD	Zip Code 20879-1509
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Purpose of Expenditure Independent Expenditure - Postcards	Category/Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
Rep. E. Clay Shaw, Jr.

Date

M M	/	D D	/	Y Y Y Y
1 2		2 8		2 0 0 6

Amount

234.95

Transaction ID: 18595011

Office Sought: House State: FL
 Senate District: 22
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : 2006 US General Elec

Calendar Year-To-Date Per Election for Office Sought

1697.78

(a) SUBTOTAL of Itemized Independent Expenditures	469.90
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(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.

Mary Rose Adkins _____ Date

M M	/	D D	/	Y Y Y Y
0 6		0 8		2 0 0 7

 Signature