

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
 NRA Political Victory Fund

FEC IDENTIFICATION NUMBER
C C00053553

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
 Edmonds - Hackney & Associates, Inc.

Date
 M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 0 4

Mailing Address
 900 Second Street, NE #11B

Amount
 144180.00

City State Zip Code
 Washington DC 20002

Transaction ID: 6097658
 Office Sought: House State: CO
 Senate District: 1
 Presidential

Purpose of Expenditure
 Television Ads Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
 Mr Pete Coors

Check One: Support Oppose

Calendar Year-To-Date Per Election
 for Office Sought 213399.27

Disbursement For: Primary General 2004
 Other (specify): _____
[MEMO ITEM]
 Television Ads

Full Name (Last, First, Middle, Initial) of Payee
 Edmonds - Hackney & Associates, Inc.

Date
 M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 0 4

Mailing Address
 900 Second Street, NE #11B

Amount
 77918.00

City State Zip Code
 Washington DC 20002

Transaction ID: 6097659
 Office Sought: House State: WI
 Senate District: 2
 Presidential

Purpose of Expenditure
 Television Ads Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
 Tim Michels

Check One: Support Oppose

Calendar Year-To-Date Per Election
 for Office Sought 89163.00

Disbursement For: Primary General 2004
 Other (specify): _____
[MEMO ITEM]
 Television Ads

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(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
 Signature 0 5 / 1 3 / 2 0 0 5