

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

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 report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee NRA Institute for Legislative Action		Date MM / DD / YYYY 08 / 04 / 2012
Mailing Address 11250 Waples Mill Road		Amount 23.43
City Fairfax	State VA	Zip Code 22030
Purpose of Expenditure Phone Bank	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 02
Name of Federal Candidate Supported or Opposed by Expenditure: Ms. Ann Wagner		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : 46722719

Full Name (Last, First, Middle Initial) of Payee Wausau Area Volunteer Fire Department		Date MM / DD / YYYY 08 / 04 / 2012
Mailing Address P.O. Box 39		Amount 30.00
City Wausau	State FL	Zip Code 32463-0039
Purpose of Expenditure Booth Rental	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : 46722726

(a) SUBTOTAL of Itemized Independent Expenditures.....	53.43
(b) SUBTOTAL of Unitemized Independent Expenditures	
(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
Signature _____ [Electronically Filed] Date MM / DD / YYYY **08 / 06 / 2012**

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Full Name (Last, First, Middle Initial) of Payee Crossroads of the West Gun Shows		Date MM / DD / YYYY 08 / 04 / 2012
Mailing Address P.O. Box 290		Amount 110.00
City Kaysville	State UT	Zip Code 84037-0290
Purpose of Expenditure Booth Rental	Category/Type 004	Transaction ID : 46722738
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 0.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	163.43

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
Signature _____ [Electronically Filed] Date MM / DD / YYYY **08 / 06 / 2012**