

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
Purpose of Expenditure Phone Data Matching	Category/ Type 004	
Name of Federal Candidate supported or Opposed by expenditure: Mr. Charles Dent		
Calendar Year-To-Date Per Election for Office Sought	450.00	

Date	<table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	0	8												
Amount	450.00																				
Transaction ID: 26698784																					
Office Sought:	<input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>15</u> <input type="checkbox"/> Presidential																				
Check One:	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose																				
Disbursement For:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____																				
2008 [MEMO ITEM] Phone Data Matching																					

Full Name (Last, First, Middle, Initial) of Payee Prolist Inc.		
Mailing Address 8341 Beechcraft Avenue		
City Gaithersburg	State MD	Zip Code 20879-1509
Purpose of Expenditure Postcards	Category/ Type 004	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		
Calendar Year-To-Date Per Election for Office Sought	3591656.24	

Date	<table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	0	8												
Amount	1404.17																				
Transaction ID: 26698841																					
Office Sought:	<input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential																				
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) : _____																				
2008 [MEMO ITEM] Postcards																					

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(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

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0