

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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	

Full Name of Payee <b>Master Print, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2018</b>	
Mailing Address P.O. Box 1467		Amount <b>1117.08</b>	
City Newington	State VA	Zip Code 22122	Transaction ID : <b>78274835</b>
Purpose of Expenditure Door Hangers	Category/ Type <b>003</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Braun, Mike, , ,		<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: <b>IN</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Master Print, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2018</b>	
Mailing Address P.O. Box 1467		Amount <b>1117.08</b>	
City Newington	State VA	Zip Code 22122	Transaction ID : <b>78274836</b>
Purpose of Expenditure Door Hangers	Category/ Type <b>003</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donnelly, Joe, Simon, Sen., Sr.		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IN</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2234.16</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>2234.16</b>

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

MM / DD / YYYY  
**07 / 30 / 2018**

Signature