

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NRA Political Victory Fund			FEC IDENTIFICATION NUMBER <b>C</b> C00053553		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice Full Name (Last, First, Middle, Initial) of Payee Frank Parsons, Inc.			Date M N / D E / Y Y Y 1 0 / 2 8 / 2 0 0 4		
Mailing Address P.O. Box 64346			Amount 158.73		
City Baltimore		State MD	Transaction ID: 4431034		
Zip Code 21264-4346		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: <u>KS</u> District: <u>3</u>	
Purpose of Expenditure Independent Expenditure - Paper Stock			Category/Type 006		
Name of Federal Candidate supported or Opposed by expenditure: Kris Kobach			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 158.73			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee Frank Parsons, Inc.			Date M N / D E / Y Y Y 1 0 / 2 8 / 2 0 0 4		
Mailing Address P.O. Box 64346			Amount 13.71		
City Baltimore		State MD	Transaction ID: 4431035		
Zip Code 21264-4346		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential		State: <u>KY</u> District: <u>4</u>	
Purpose of Expenditure Independent Expenditure - Paper Stock			Category/Type 006		
Name of Federal Candidate supported or Opposed by expenditure: Geoffrey Davis			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 13.71			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures .....	172.44
(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 Signature	Date M N / D E / Y Y Y 0 4 / 0 8 / 2 0 0 5