

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

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| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | FEC IDENTIFICATION NUMBER ▼ C C00053553 |
|--|--|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | | | |
|--|-------------|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item Prolist Inc. | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address 4510 Buckeystown Pike, Suite M | | Amount <input type="text"/> | |
| City Frederick | State MD | Zip Code 21704-7539 | Transaction ID : 78800015 |
| Purpose of Expenditure Direct Mail Expense | | Category/Type <input type="text"/> | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: Steil, Bryan, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u> |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

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|--|-------------|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item Prolist Inc. | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address 4510 Buckeystown Pike, Suite M | | Amount <input type="text"/> | |
| City Frederick | State MD | Zip Code 21704-7539 | Transaction ID : 78800016 |
| Purpose of Expenditure Direct Mail Expense | | Category/Type <input type="text"/> | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Name of Federal Candidate: Grothman, Glenn, , Rep., | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u> |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|----------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | <input type="text"/> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <input type="text"/> |
| (c) TOTAL Independent Expenditures | <input type="text"/> |

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.

Owens, G., Robert,
Signature

[Electronically Filed]

Date / /