

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

 PAGE 1 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00053553       </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee <b>Prolist Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 30 / 2018</div> </div>	
Mailing Address    4510 Buckeystown Pike, Suite M			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11845.41</div>	
City Frederick	State MD	Zip Code 21704-7539	<b>Transaction ID : 78862513</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Purpose of Expenditure Direct Mail Expense		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Name of Federal Candidate Brakey, Eric, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: _____  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>ME</u> </div> </div>	
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>Prolist Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 30 / 2018</div> </div>	
Mailing Address    4510 Buckeystown Pike, Suite M			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3052.08</div>	
City Frederick	State MD	Zip Code 21704-7539	<b>Transaction ID : 78862642</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Purpose of Expenditure Direct Mail Expense		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Name of Federal Candidate Brakey, Eric, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: _____  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>ME</u> </div> </div>	
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) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">14897.49</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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.				
Signature <i>Owens, G, , Robert,</i>			<div style="display: flex; justify-content: space-between;"> <div> <b>[Electronically Filed]</b> </div> <div>           Date  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 30 / 2018</div> </div> </div> </div>	

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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 checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>2463.16</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78760613</b>
Purpose of Expenditure <b>Direct Mail Expense</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Barletta, Lou, ,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>PA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>20403.98</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78855313</b>
Purpose of Expenditure <b>Direct Mail Expense</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Casey, Bob, , Sen., Jr.</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>PA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>22867.14</b>
(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.

Owens, G, , Robert,

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Date

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**10 / 30 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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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 checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Prolist Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>20403.98</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78855314</b>		
Purpose of Expenditure <b>Direct Mail Expense</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Barletta, Lou, ,</b>		<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>PA</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Starboard Strategic, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>		
Mailing Address <b>705 Melvin Avenue, #105</b>			Amount <b>122548.80</b>		
City <b>Annapolis</b>	State <b>MD</b>	Zip Code <b>21401</b>	Transaction ID : <b>78871090</b>		
Purpose of Expenditure <b>Media Buy-TV/Cable, Radio</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Blackburn, Marsha, M, ,</b>		<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>TN</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>142952.78</b>
(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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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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 checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Starboard Strategic, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>		
Mailing Address <b>705 Melvin Avenue, #105</b>			Amount <b>122548.80</b>		
City <b>Annapolis</b>	State <b>MD</b>	Zip Code <b>21401</b>	Transaction ID : <b>78871091</b>		
Purpose of Expenditure <b>Media Buy-TV/Cable, Radio</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Bredesen, Philip, ,</b>		<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>TN</b>		
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Prolist Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>6686.31</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78760617</b>		
Purpose of Expenditure <b>Direct Mail Expense</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Stewart, Corey, ,</b>		<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>VA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>129235.11</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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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 checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Prolist Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>16990.44</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78862522</b>		
Purpose of Expenditure <b>Direct Mail Expense</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Morrisey, Patrick, ,</b>		<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>WV</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Prolist Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>16990.44</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78862523</b>		
Purpose of Expenditure <b>Direct Mail Expense</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Manchin, Joe, , Sen., III</b>		<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>WV</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>33980.88</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>343933.40</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.

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