FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation

GUN OWNERS OF AMERICA, INC.

(b) Address (number and street) ☐ check if different than previously reported

8001 FORBES PLACE SUITE 102

(c) City, State and ZIP Code

SPRINGFIELD VA 22151

2. Occupation and Name of Employer (for Individual Filers Only)

3. FEC Identification Number

C C90011693

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year-End Report

☒ 24-Hour Report

☐ 48-Hour Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on M M / D D / Y Y Y Y

5. COVERING PERIOD:

FROM 07 / 29 / 2014

THROUGH 07 / 29 / 2014

6. TOTAL CONTRIBUTIONS 1369.00

7. TOTAL INDEPENDENT EXPENDITURES 1369.00

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Walter J. Olson

SIGNATURE

[Electronically Filed]

Walter J. Olson

DATE

07/31/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

Image# 14942394031

SCHEDULE 5-A
ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
GUN OWNERS OF AMERICA, INC.

A. Full Name (Last, First, Middle Initial)
Gun Owners of America, Inc.

Mailing Address 8001 Forbes Place
Suite 102

City: Springfield | State: VA | Zip Code: 22151

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Date of Receipt: 07 / 29 / 2014

Transaction ID : F56.000001

Amount of Each Receipt this Period: 1369.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Date of Receipt

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer | Occupation

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶	1369.00
TOTAL This Period (last page carry total to Line 6) ▶	1369.00

Image# 14942394032

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
GUN OWNERS OF AMERICA, INC.

Full Name (Last, First, Middle Initial) of Payee
Voice Broadcasting

Mailing Address 1527 S. Cooper Street

City | State | Zip Code
Arlington | TX | 76010

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y
07 / 29 / 2014

Amount
1369.00

Transaction ID : F57.000001

Purpose of Expenditure
Robo calls

Category/ Type: 004

Office Sought: [X] House [ ] Senate [ ] President
State: TN
District: 03

Name of Federal Candidate Supported or Opposed by Expenditure:
Chuck Fleischmann

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought: 1369.00

Disbursement For: [X] Primary [ ] General
2014
[ ] Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City | State | Zip Code

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y

Amount

Purpose of Expenditure

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State:
District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: [ ] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought:

Disbursement For: [ ] Primary [ ] General
[ ] Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City | State | Zip Code

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y

Amount

Purpose of Expenditure

Category/ Type:

Office Sought: [ ] House [ ] Senate [ ] President
State:
District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: [ ] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought:

Disbursement For: [ ] Primary [ ] General
[ ] Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1369.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 1369.00
(carry total from last page forward to Line 7)