

## REPORT OF COMMUNICATION COSTS BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS

1. (a) NAME OF ORGANIZATION NATIONAL RIFLE ASSOCIATION INSTITUTE FOR LEGISLATIVE ACTION	2. IDENTIFICATION NUMBER (Assigned by FEC) C70000716
(b) ADDRESS (Number and Street) 11250 WAPLES MILL ROAD	3. TYPE OF ORGANIZATION (Check Appropriate Box) <input type="checkbox"/> Corporation <span style="margin-left: 100px;"><input type="checkbox"/> Trade Association</span> <input type="checkbox"/> Labor Organization <span style="margin-left: 100px;"><input type="checkbox"/> Cooperative</span> <input checked="" type="checkbox"/> Membership Organization <span style="margin-left: 100px;"><input type="checkbox"/> Corporation without capital stock</span>
(c) CITY, STATE AND ZIP CODE FAIRFAX VA 22030	
4. TYPE OF REPORT (Check One): (a) <input type="checkbox"/> April 15 Quarterly Report <input checked="" type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report  <input type="checkbox"/> 12 Day Pre-General Election Report held on _____ in the State of _____ (date)  <input type="checkbox"/> January 31 Year End Report  (b) Is this Report an Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
5. THIS REPORT COVERS THE PERIOD    04/01/2019    THROUGH    06/30/2019	

### SUMMARY OF COMMUNICATION COSTS

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (Per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail  <input type="checkbox"/> Telephone  <input type="checkbox"/> Telegram  <input type="checkbox"/> Other: _____ (Specify)	<input type="checkbox"/> Executive/ Administrative Personnel  <input type="checkbox"/> Stockholders  <input type="checkbox"/> Members				Other	
<input type="checkbox"/> Direct Mail  <input type="checkbox"/> Telephone  <input type="checkbox"/> Telegram  <input type="checkbox"/> Other: _____ (Specify)	<input type="checkbox"/> Executive/ Administrative Personnel  <input type="checkbox"/> Stockholders  <input type="checkbox"/> Members				Other	

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

**TOTAL COMMUNICATION COSTS FOR THIS PERIOD**    \$ \_\_\_\_\_ 0.00

I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.

*Owens, Robert, G.,*

[Electronically Filed]

Owens, Robert, G.,

Fiscal Officer

07/09/2019

Type or Print Name

Signature and Title of Person Designated to Sign This Report

Date

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

**WHERE TO FILE:**  
**Federal Election Commission**  
 999 E Street, N.W.  
 Washington, D.C. 20463

**FOR FURTHER INFORMATION CONTACT:**  
**Federal Election Commission**  
 Toll Free: 800-424-9530  
 Local: 202-694-1100