

**REPORT OF COMMUNICATION COSTS  
BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS**

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2004 JAN 20 A 10 32

1. (a) NAME OF ORGANIZATION  
**NRA Institute for Legislative Action**

2. IDENTIFICATION NUMBER (Assigned by FEC)  
**070000716**

(b) ADDRESS (Number and Street)  
**11250 Waples Mill Road**

3. TYPE OF ORGANIZATION (Check Appropriate Box)  
 Corporation       Trade Association  
 Labor Organization       Cooperative  
 Membership Organization       Corporation without capital stock

(c) CITY, STATE AND ZIP CODE  
**Fairfax, VA 22030**

4. TYPE OF REPORT (Check One):  
 (a)  April 15 Quarterly Report       July 15 Quarterly Report       October 15 Quarterly Report  
 12 Day Pre-General Election Report held on \_\_\_\_\_ in the State of \_\_\_\_\_  
 January 31 Year End Report  
 (b) Is this Report an Amendment?       YES       NO

5. THIS REPORT COVERS THE PERIOD **10/01/2003** THROUGH **12/31/2003**

**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					
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Telegram <input type="checkbox"/> Other (Specify) _____	<input checked="" type="checkbox"/> Executive Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					

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

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$     -0-    

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

Mary Rose Adkins  
Type or Print Name

*Mary Rose Adkins*  
Fiscal Officer  
Signature and Title of Person Designated to Sign This Report

01/13/04  
Date

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

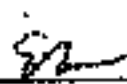
**WHERE TO FILE:**  
Federal Election Commission  
950 E Street, N.W.  
Washington, D.C. 20463

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

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
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<input type="checkbox"/> Electronic Filing	
 PREPARER	1/20/04 DATE PREPARED