

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00053553
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Wisconsin Firearm Owners, Ranges, Clubs and Educators, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2018
Mailing Address N615 Silver Lane		Amount 12.50
City Seymour	State WI	Zip Code 54162
Purpose of Expenditure Booth Rental	Category/Type 004	Transaction ID : 78541414 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Vukmir, Leah, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Wisconsin Firearm Owners, Ranges, Clubs and Educators, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2018
Mailing Address N615 Silver Lane		Amount 12.50
City Seymour	State WI	Zip Code 54162
Purpose of Expenditure Booth Rental	Category/Type 004	Transaction ID : 78541415 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Baldwin, Tammy, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	25.00

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

*Owens, G, , Robert,**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 22 / 2018

Signature