

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 7  
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> <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		MM / DD / YYYY	

Full Name of Payee <b>National Rifle Association of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2018</b>	
Mailing Address <b>11250 Waples Mill Road</b>		Amount <b>3413.44</b>	
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>	<b>Transaction ID : 78785924</b>
Purpose of Expenditure Salary/Benefits		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>McSally, Martha, ,</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>AZ</b>
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>National Rifle Association of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2018</b>	
Mailing Address <b>11250 Waples Mill Road</b>		Amount <b>3904.41</b>	
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>	<b>Transaction ID : 78785919</b>
Purpose of Expenditure Salary/Benefits		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Braun, Mike, ,</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>IN</b>
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) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>7317.85</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> 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,**[Electronically Filed]*

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**10 / 18 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 7  
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>National Rifle Association of America</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2018</b>		
Mailing Address <b>11250 Waples Mill Road</b>			Amount <b>3539.45</b>		
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>	Transaction ID : <b>78785923</b>		
Purpose of Expenditure Salary/Benefits		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Hawley, Joshua, ,</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>MO</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>National Rifle Association of America</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2018</b>		
Mailing Address <b>11250 Waples Mill Road</b>			Amount <b>1989.01</b>		
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>	Transaction ID : <b>78785921</b>		
Purpose of Expenditure Salary/Benefits		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Rosendale, Matt, ,</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>MT</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>5528.46</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**  
**(Schedule E)**PAGE 3 OF 7  
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		MM / DD / YYYY

Full Name of Payee <b>National Rifle Association of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2018</b>
Mailing Address <b>11250 Waples Mill Road</b>		Amount <b>1370.47</b>
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>
Purpose of Expenditure <b>Salary/Benefits</b>	Category/Type <b>004</b>	Transaction ID : <b>78785925</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Heller, Dean, , Sen.,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</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 / 18 / 2018</b>
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>13610.84</b>
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>
Purpose of Expenditure <b>Direct Mail Expense</b>	Category/Type <b>004</b>	Transaction ID : <b>78775227</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Brown, Sherrod, , Sen.,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</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>14981.31</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 7  
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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 / 18 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>13610.84</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78775061</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>Renacci, James, ,</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>OH</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>Royal Range USA LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2018</b>	
Mailing Address <b>7741 Highway 70 South</b>		Amount <b>169.06</b>	
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37221</b>	Transaction ID : <b>78754734</b>
Purpose of Expenditure <b>Room Rental</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) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>13779.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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

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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>Royal Range USA LLC</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 / 18 / 2018</div> </div>	
Mailing Address 7741 Highway 70 South		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">169.06</div>	
City State Zip Code Nashville TN 37221	<b>Transaction ID : 78754732</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 Room Rental	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate Blackburn, Marsha, M, ,	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>National Rifle Association of America</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 / 18 / 2018</div> </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4017.58</div>	
City State Zip Code Fairfax VA 22030	<b>Transaction ID : 78785922</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 Salary/Benefits	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate Vukmir, Leah, , ,	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4186.64</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>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.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 7  
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 / 18 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>4615.52</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78790395</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>			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>National Rifle Association of America</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 18 / 2018</b>		
Mailing Address <b>11250 Waples Mill Road</b>			Amount <b>4024.53</b>		
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>	Transaction ID : <b>78785920</b>		
Purpose of Expenditure <b>Salary/Benefits</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Morrissey, Patrick, ,</b>			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>8640.05</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.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 7  
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 / 18 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>4615.51</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78790315</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			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>4615.51</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>59049.72</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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