Schedule E)		FOR SE OF FORM 24/48	3
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER	▼
National Rifle Association of America Political Victory	Fund	C C00053553	71
		O cocces	
check if X 24-hour report 48-hour report New report	Amends report filed or	N M M / D D / Y B Y B Y B	Y
Full Name of Payee	Г	Date of Public Distribution/Dissemination	n
National Rifle Association of America		11 04 2018	Υ
Mailing Address 11250 Waples Mill Road	A	Amount	_
City State Zip Co	ode	2923.14	
Fairfax VA 22030	1.6	ransaction ID : 78910361	
Purpose of Expenditure		Date of Disbursement or Obligation	
Salany/Ronofits Cate	gory/ Type 004	M M / D D / Y Y Y	Y
Name of Federal Candidate	x Support Office S	ought: House District:	
McSally, Martha, , ,	Oppose Pi	resident Senate State: AZ	<u>-</u>
Calendar Year-To-Date	Disburse	ement For: Primary X Gene	eral
Per Election for Office Sought	0.00 2018	Other (specify)	_
Full Name of Payee i360, LLC	[	Date of Public Distribution/Dissemination	n
1000, EEO		11 04 2018	Y
Mailing Address 29374 Network Place	A	Amount	
City State Zip Co	ode	114.75	П
Chicago IL 6067	3 1200	ransaction ID: 78910367 Date of Disbursement or Obligation	-
Purpose of Expenditure Phone Bank Cate	gory/ 004	M M / D D / Y Y Y	Y
I Holle Dalik	Type 004		-4
Name of Federal Candidate	<b>✗</b> Support Office S	Sought: House District:	
McSally, Martha, , ,	Oppose P	resident Senate State: AZ	<u>z</u>
Calendar Year-To-Date	Disburs	ement For: Primary X Gene	eral
Per Election for Office Sought	0.00 2018	Other (specify) ▶	
(a) CURTOTAL of languaged Independent Funcionality upon	Г		$\neg$
(a) SUBTOTAL of Itemized Independent Expenditures		3037.89	
(b) SUBTOTAL of Unitemized Independent Expenditures			П
(c) TOTAL Independent Expenditures	······		Ш
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.			
Owens, G, , Robert, [Electronically F	iled] Date 11	/ 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature	nea 11	2010	

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 9 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 24-hour report 48-hour report New report Amends report fi	led on M / D D / Y Y Y Y
Full Name of Payee i360, LLC	Date of Public Distribution/Dissemination
Mailing Address 29374 Network Place	Amount
City State Zip Code Chicago IL 60673-1293	115.98 Transaction ID: 78910368
Purpose of Expenditure Phone Bank  Category/ Type  004	Date of Disbursement or Obligation
Name of Federal Candidate  Braun, Mike, , ,  Oppose	ffice Sought: House District:  President X Senate State: IN
Calendar Year-To-Date	sbursement For: Primary <b>X</b> General 118 Other (specify) ▶
Full Name of Payee National Rifle Association of America	Date of Public Distribution/Dissemination
Mailing Address 11250 Waples Mill Road	Amount
City State Zip Code Fairfax VA 22030	Transaction ID : 78910354 Date of Disbursement or Obligation
Purpose of Expenditure Salary/Benefits  Category/ Type  004	M = M / D = D / Y = Y = Y
Name of Federal Candidate  Braun, Mike, , ,  Oppose	ffice Sought: House District:  President Senate State: IN
	isbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	4130.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
Owens, G, , Robert, [Electronically Filed] Date	11 05 2018

Schedule E)	I EXI END	TOTILO		PAGE 3 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Rifle Association of America	Political Vid	ctory Fund	FEC	DENTIFICATION NUMBER ▼  C00053553
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee National Rifle Association of Americ	ca		Date of Pub	lic Distribution/Dissemination
Mailing Address 11250 Waples Mill Road			Amount	
City Fairfax	State VA	Zip Code 22030		5582.83 ID : 78910360
Purpose of Expenditure Salary/Benefits		Category/ Type 004	M = M	oursement or Obligation
Name of Federal Candidate  Hawley, Joshua, , ,		Support Oppose	Office Sought:	House District:
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disbursement For: 2018 Other (s	Primary <b>X</b> General specify) ▶
Full Name of Payee i360, LLC				lic Distribution/Dissemination
Mailing Address 29374 Network Place			Amount	
City Chicago	State IL	Zip Code 60673-1293		396.11 ID: 78910369 oursement or Obligation
Purpose of Expenditure Phone Bank		Category/ Type 004	M = M	/ D D / Y Y Y Y
Name of Federal Candidate  Hawley, Joshua, , ,		<ul><li>Support</li><li>Oppose</li></ul>	Office Sought:  President	House District:  Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	, , ,	0.00	Disbursement For: 2018 Other (s	Primary <b>X</b> General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		>	5978.94
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		·· •	7
(c) TOTAL Independent Expenditures			·· •	4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidar party committee) any political party committee or its	te or authorized			
Owens, G, , Robert, Signature	[Electron	ically Filed] Date	9 11 05	2018

PAGE	4	OF	9	
FOR SE	OF	FORM 24	/48	

				FOR SE OF FORIVI 24/48
NAME OF COMMITTEE (In Full)  National Rifle Association of Ame	rica Political Vi	ctory Fund		FEC IDENTIFICATION NUMBER ▼
				C C00053553
Check if 24-hour report 48-hour repor	t New rep	oort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee				Date of Public Distribution/Dissemination
National Rifle Association of Ar	nerica			11 04 2018
Mailing Address 11250 Waples Mill Road			4	Amount
City	State	Zip Code		1821.10
Fairfax	VA	22030		Transaction ID: 78910356 Date of Disbursement or Obligation
Purpose of Expenditure Salary/Benefits		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate		<b>✗</b> Support	Office S	Sought: House District:
Rosendale, Matt, , ,		Oppose		President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburs	ement For: Primary Seneral
Tot Election for Cines coagni				Other (specify) -
Full Name of Payee i360, LLC				Date of Public Distribution/Dissemination
Mailing Address 29374 Network Place				11 04 2018
				Amount
City	State	Zip Code		136.73
Chicago	IL	60673-1293		ransaction ID: 78910370 Date of Disbursement or Obligation
Purpose of Expenditure Phone Bank		Category/ Type 004		M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate		<b>✗</b> Support	Office S	Sought: House District:
Rosendale, Matt, , ,		Oppose	F	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburs 2018	ement For: Primary Seneral
, ,	, ,			Other (specify) -
(a) SUBTOTAL of Itemized Independent Expense	nditures			1957.83
(b) SUBTOTAL of Unitemized Independent Ex	penditures			
(a) TOTAL Independent Europeditures			ì	
(c) TOTAL Independent Expenditures			·· •	7 7 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized	•		•
Owens, G, , Robert,	[Electron	nically Filed] Date	M = M	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	<u> </u>	Date		

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Sc	chedule E)				PAGE 5 OF 9 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)  Iational Rifle Association of America Politic	cal Vid	ctory Fund		FEC IDENTIFICATION NUMBER ▼  C C00053553
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends	s repor	rt filed on
	Full Name of Payee National Rifle Association of America				Date of Public Distribution/Dissemination
	Mailing Address 11250 Waples Mill Road				Amount
	City State Fairfax VA		Zip Code 22030		490.05 Transaction ID: 78910357
	Purpose of Expenditure Salary/Benefits		Category/ Type	004	Date of Disbursement or Obligation
	Name of Federal Candidate Heller, Dean, , Sen.,		Supp Oppo		Office Sought: House District:  President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought		0.00	]	Disbursement For:
	Full Name of Payee i360, LLC				Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 29374 Network Place				Amount
	City State Chicago IL		Zip Code 60673-1293		Transaction ID : 78910373 Date of Disbursement or Obligation
	Purpose of Expenditure Phone Bank		Category/ Type	004	M = M / D = D / Y = Y = Y
	Name of Federal Candidate Heller, Dean, , Sen.,		X Supp		Office Sought: House District:  President  Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	7	0.00		Disbursement For:  Primary  General 2018  Gher (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures				515.97
	(b) SUBTOTAL of Unitemized Independent Expenditures				•
	(c) TOTAL Independent Expenditures				•
,	Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.				
		Electron	ically Filed]	Date	11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

				FOR SE OF FORM 24/48
	ie of COMMITTEE (In Full) ational Rifle Association of America Political Vid	ctory Fund		FEC IDENTIFICATION NUMBER ▼
				C C00053553
Ched	ck if <b>x</b> 24-hour report 48-hour report <b>x</b> New report	ort Amends report		M / D D / Y = Y = Y = Y
	Full Name of Payee i360, LLC			of Public Distribution/Dissemination
L	·			11 04 2018
ľ	Mailing Address 29374 Network Place		Amour	nt
(	City State	Zip Code	TI:	72.46
	Chicago IL	60673-1293		action ID: 78910376 of Disbursement or Obligation
	Purpose of Expenditure Phone Bank	Category/ Type 004	M	M / D D / Y H Y H Y H Y
Г	Name of Federal Candidate	<b>x</b> Support	Office Sough	t: House District:
	Renacci, James, , ,	Oppose	Preside	ent Senate State: OH
١	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement	
H	Full Name of Payer			ther (specify)
	Full Name of Payee National Rifle Association of America		Date of	of Public Distribution/Dissemination
	Mailing Address 11250 Waples Mill Road		Amou	
H	City State	Zip Code		1075.38
١	Fairfax VA	22030		ction ID: 78910362 of Disbursement or Obligation
	Purpose of Expenditure Salary/Benefits	Category/ Type 004		M
Г	Name of Federal Candidate	<b>x</b> Support	Office Sough	t: House District:
	Blackburn, Marsha, M, ,	Oppose	Preside	ent Senate State: TN
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursemen 2018 O	t For:
(a	a) SUBTOTAL of Itemized Independent Expenditures		· [	1147.84
(k	SUBTOTAL of Unitemized Independent Expenditures		· [	7 7 7
(0	e) TOTAL Independent Expenditures		· [	7 1 7 1 7
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Owens, G, , Robert, [Electron:	ically Filed] Date	11 /	05 / 2018
	Signature			

PAGE

OF

**PAGE** OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ National Rifle Association of America Political Victory Fund C00053553 Check if | X | 24-hour report X New report Amends report filed on 48-hour report Full Name of Payee Date of Public Distribution/Dissemination i360, LLC 2018 04 11 Mailing Address 29374 Network Place Amount State Zip Code City 44.68 IL 60673-1293 Transaction ID: 78910379 Chicago Date of Disbursement or Obligation Purpose of Expenditure Category/ Phone Bank 004 Type Name of Federal Candidate X Support Office Sought: House District: Blackburn, Marsha, M,, ΤN Oppose **X** Senate President State: Disbursement For: Primary **✗** General Calendar Year-To-Date 0.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination National Rifle Association of America 11 2018 Mailing Address 11250 Waples Mill Road Amount City State Zip Code 930.32 VA 22030 Transaction ID: 78910358 Fairfax Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 Salary/Benefits Type Name of Federal Candidate **✗** Support Office Sought: House District: Vukmir, Leah, , , WI Oppose President Senate State: Primary **✗** General Calendar Year-To-Date Disbursement For: 2018 0.00 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 975.00 (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. Owens, G., Robert, [Electronically Filed] 05 2018 Date Signature

mage# 201811059133589346 24/48 HOUR REPORT OF INDEPE	NDENT EXPEND	ITURES		PAGE 8 OF 9
Schedule E)				PAGE 8 OF 9 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		-tom/ Fund	FEC II	DENTIFICATION NUMBER ▼
National Rifle Association of An	nerica Political vid	ctory Fund	С	C00053553
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee i360, LLC			Date of Public	ic Distribution/Dissemination
Mailing Address 29374 Network Place			Amount	04 2018
City	State	Zip Code		66.88
Chicago	IL	60673-1293	Transaction	ID: 78910380 ursement or Obligation
Purpose of Expenditure Phone Bank		Category/ Type 004	M = M	/ D D / Y Y Y Y
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:
Vukmir, Leah, , ,		Oppose	President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	1 1 1 1 1	0.00	Disbursement For: 2018 Other (sp	Primary <b>X</b> General pecify) ▶
Full Name of Payee National Rifle Association of Ar	nerica		M = M	ic Distribution/Dissemination
Mailing Address 11250 Waples Mill Roa	d		Amount	04 2018
City	State	Zip Code		3688.27
Fairfax	VA	22030	Transaction II  Date of Disbu	
Purpose of Expenditure Salary/Benefits		Category/ Type 004	M = M	/ D = D / Y = Y = Y
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:
Morrisey, Patrick, , ,		Oppose	President	Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: 2018 Other (sp	Primary <b>X</b> General pecify) ▶
(a) SUBTOTAL of Itemized Independent Ex			-	3755.15

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.

(c) TOTAL Independent Expenditures.....

Owens, G, , Robert,	[Electronically Filed]	Date	M M /	05	/	2018
Signature						

Mailing Address 29374 Network Place  City State Zip Code Chicago IIL 60673-1293  Purpose of Expenditure Phone Bank  Purpose of Expenditure Phone Bank  Category/ Type 004  Name of Federal Candidate  Morrisey, Patrick, , , Oppose President X Senate State:  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Mailing Address  Amount	ation B 10
Check if      24-hour report	10 WV
Check if	10 WV
i360, LLC  Mailing Address 29374 Network Place  City State Zip Code Chicago IL 60673-1293  Purpose of Expenditure Phone Bank  Purpose of Federal Candidate Name of Federal Candidate Morrisey, Patrick, , ,	10 WV
Mailing Address 29374 Network Place  City State Zip Code 222 Chicago IL 60673-1293 Transaction ID: 78910382 Date of Disbursement or Obligation  Purpose of Expenditure Phone Bank  Name of Federal Candidate X Support Office Sought: House District: Morrisey, Patrick, , , Oppose President X Senate State: □  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Disbursement For: Primary X General Candidate Other (specify) ►  Full Name of Payee  Mailing Address  Amount	10 Y Y Y WV
City State Zip Code Chicago IL 60673-1293  Purpose of Expenditure Phone Bank  Category/ Type 004  Name of Federal Candidate Morrisey, Patrick, , ,	WV
Chicago    L   60673-1293   Transaction ID : 78910382     Date of Disbursement or Obligation	WV
Chicago    L   60673-1293   Transaction ID : 78910382     Date of Disbursement or Obligation	WV
Purpose of Expenditure Phone Bank    Category/ Type   004   M M / D D / Y Y Y	WV
Morrisey, Patrick, , ,  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Mailing Address  Morrisey, Patrick, , ,  Oppose  President  Senate State:  Disbursement For: Primary  A Gradient  Disbursement For:  Amount  Mailing Address	WV
Morrisey, Patrick, , ,  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Mailing Address  Disbursement For: Primary X G 2018  Date of Public Distribution/Dissemin	
Per Election for Office Sought  Other (specify) ▶  Full Name of Payee  Date of Public Distribution/Dissemin  Mailing Address  Amount	
Full Name of Payee  Date of Public Distribution/Dissemin  Mailing Address  Amount	ieneral
Mailing Address  Amount	
Amount	
City State Zip Code	
Date of Disbursement or Obligation	
Purpose of Expenditure  Category/ Type  M M / D D / Y Y	Y
Name of Federal Candidate Support Office Sought: House District: _	
Oppose President Senate State: -	
	General
Per Election for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>47</b>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or c 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 p party committee) any political party committee or its agent.	
Owens, G, , Robert,  [Electronically Filed] Date 11 05 2018	
Signature	

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