

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div>
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		

Full Name of Payee Premier Shooting & Training Center, LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Mailing Address 4845 Premier Way		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>	
City West Chester	State OH	Zip Code 45069	Transaction ID : 78555194 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>
Purpose of Expenditure Booth Rental	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Pureval, Aftab, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
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 Premier Shooting & Training Center, LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Mailing Address 4845 Premier Way		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>	
City West Chester	State OH	Zip Code 45069	Transaction ID : 78555189 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>
Purpose of Expenditure Booth Rental	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Renacci, James, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
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) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL 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.

Owens, G, , Robert,
[Electronically Filed]

Date

09

29

2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
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	

Full Name of Payee Premier Shooting & Training Center, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2018	
Mailing Address 4845 Premier Way		Amount 50.00	
City West Chester	State OH	Zip Code 45069	Transaction ID : 78555191
Purpose of Expenditure Booth Rental		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Brown, Sherrod, , Sen.,		<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: OH
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 Premier Shooting & Training Center, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2018	
Mailing Address 4845 Premier Way		Amount 50.00	
City West Chester	State OH	Zip Code 45069	Transaction ID : 78555193
Purpose of Expenditure Booth Rental		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Chabot, Steve, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
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) SUBTOTAL of Itemized Independent Expenditures.....▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	200.00

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 / 29 / 2018

Signature