

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

 PAGE 1 OF 3
 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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>		

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2018 </div>	
Mailing Address 29374 Network Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3.79 </div>	
City Chicago	State IL	Zip Code 60673-1293	Transaction ID : 78520617
Purpose of Expenditure Phone Bank (Estimate)		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>
Name of Federal Candidate Heller, Dean, , Sen.,		<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: NV
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2018 </div>	
Mailing Address 29374 Network Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 254.80 </div>	
City Chicago	State IL	Zip Code 60673-1293	Transaction ID : 78520615
Purpose of Expenditure Phone Bank (Estimate)		Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>
Name of Federal Candidate Hawley, Joshua, ,		<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: MO
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>	
		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; width: 150px;"> 258.59 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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

M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2018

Signature

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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 i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2018
Mailing Address 29374 Network Place		Amount 57.95
City Chicago	State IL	Zip Code 60673-1293
Purpose of Expenditure Phone Bank (Estimate)	Category/ Type 004	Transaction ID : 78520620 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Morrisey, Patrick, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV
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 i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2018
Mailing Address 29374 Network Place		Amount 118.01
City Chicago	State IL	Zip Code 60673-1293
Purpose of Expenditure Phone Bank (Estimate)	Category/ Type 004	Transaction ID : 78520614 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Braun, Mike, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN
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.....▶	175.96
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Date

MM / DD / YYYY
09 / 04 / 2018

Signature

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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 i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2018	
Mailing Address 29374 Network Place		Amount 14.80	
City Chicago	State IL	Zip Code 60673-1293	Transaction ID : 78520616
Purpose of Expenditure Phone Bank (Estimate)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rosendale, Matt, , ,		<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: MT
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 i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2018	
Mailing Address 29374 Network Place		Amount 209.23	
City Chicago	State IL	Zip Code 60673-1293	Transaction ID : 78520619
Purpose of Expenditure Phone Bank (Estimate)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Vukmir, Leah, , ,		<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: WI
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.....▶	224.03
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	658.58

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 / 04 / 2018

Signature