

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

 PAGE 1 OF 34  
 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> <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>Prolist Inc.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 29 / 2018</div> </div>	
Mailing Address 4510 Buckeystown Pike, Suite M		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2072.29</div>	
City State Zip Code Frederick MD 21704-7539	<b>Transaction ID : 78861296</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Direct Mail Expense	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Rogers, Wendy, , ,	
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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: AZ 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 <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 29 / 2018</div> </div>	
Mailing Address 4510 Buckeystown Pike, Suite M		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1732.64</div>	
City State Zip Code Frederick MD 21704-7539	<b>Transaction ID : 78861300</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Direct Mail Expense	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Peterson Lea, Marquez, , ,	
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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: AZ 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;">3804.93</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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 34  
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>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>3369.41</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861301</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>Gosar, Paul, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>2285.37</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861302</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>Biggs, Andy, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</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>5654.78</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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1997.38</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861303</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>Schweikert, David, , ,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>2068.34</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861304</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>Lesko, Debbie, , ,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>08</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</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>4065.72</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 4 OF 34  
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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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>876.94</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861305</b>		
Purpose of Expenditure Direct Mail Expense		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Knight, Steve, , Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>25</b> State: <b>CA</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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>876.94</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861312</b>		
Purpose of Expenditure Direct Mail Expense		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Hill, Katherine, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>25</b> State: <b>CA</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>1753.88</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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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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		MM / DD / YYYY

Full Name of Payee <b>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>592.24</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861311</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>Walters, Mimi, , Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>45</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>592.24</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861313</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>Porter, Katherine, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>45</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</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>1184.48</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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 34  
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>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1528.23</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>78861315</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Waltz, Michael, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</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 / 29 / 2018</b>
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1528.23</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>78861316</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Soderberg, Nancy, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</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>3056.46</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.

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

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 34  
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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>1624.20</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861317</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>Spano, Vincent, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>15</b> State: <b>FL</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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>1624.20</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861318</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>Carlson, Kristen, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>15</b> State: <b>FL</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>3248.40</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**  
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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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>677.14</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861272</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>Handel, Karen, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>GA</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>677.14</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861273</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>McBath, Lucia, , , Ms.</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>GA</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>1354.28</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**  
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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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>3336.76</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861319</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>Young, David, , ,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>03</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>3336.76</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861320</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>Axne, Cindy, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>03</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</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>6673.52</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.

Owens, G, , Robert,

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Date

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 34  
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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>5423.56</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861322</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>Bost, Mike, , Rep.,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>5423.56</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861323</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>Kelly, Brendan, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</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>10847.12</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 34  
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>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>4811.87</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861324</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>Davis, Rodney, L., Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>4811.87</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861325</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>Londrigan, Betsy, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IL</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>9623.74</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.

Owens, G., , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 34  
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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>2879.20</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861326</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>Hultgren, Randy, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>14</b> State: <b>IL</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 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Prolist Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>2879.20</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861327</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>Underwood, Lauren, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>14</b> State: <b>IL</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 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>5758.40</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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 13 OF 34  
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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>4084.45</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861328</b>		
Purpose of Expenditure Direct Mail Expense		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Watkins, Steve, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>KS</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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>4084.45</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861329</b>		
Purpose of Expenditure Direct Mail Expense		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Davis, Paul, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>KS</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>8168.90</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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 14 OF 34  
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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>3073.38</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861330</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>Poliquin, Bruce, , ,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>ME</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>3073.38</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861331</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>Golden, Jared, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>ME</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>6146.76</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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 15 OF 34  
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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>2696.20</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861277</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>Walberg, Tim, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>07</b> State: <b>MI</b>
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 <b>Prolist Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>2696.20</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861278</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>Driskell, Gretchen, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>07</b> State: <b>MI</b>
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.....▶	<b>5392.40</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 16 OF 34  
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>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1570.11</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861333</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>Hagedorn, James, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MN</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1570.11</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861334</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>Feehan, Daniel, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MN</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>3140.22</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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 17 OF 34  
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>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1439.91</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78855339</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>Wagner, Ann, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input 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>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>2006.82</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78855341</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>Luetkemeyer, Blaine, , Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>03</b> <input type="checkbox"/> President <input 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) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>3446.73</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 18 OF 34  
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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1856.42</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78855345</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>Hartzler, Vicky, , ,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>04</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input 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>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1778.98</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78855344</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>Graves, Samuel, B., Rep., Jr.</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input 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) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>3635.40</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.

Owens, G., , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 19 OF 34  
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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>1637.89</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78855340</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>Long, Billy, , Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>07</b> 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>Prolist Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>1809.08</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78855342</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>Smith, Jason, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>08</b> 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) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>3446.97</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 20 OF 34  
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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1921.11</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78855329</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>Kelly, Trent, , Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MS</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>2153.43</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78855328</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>Palazzo, Steven, M., Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MS</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>4074.54</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 21 OF 34  
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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>3245.09</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861337</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>Holding, George, , Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>02</b> State: <b>NC</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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>3245.09</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861338</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>Coleman, Linda, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>02</b> State: <b>NC</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>6490.18</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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 22 OF 34  
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>i360, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2018</b>
Mailing Address <b>29374 Network Place</b>		Amount <b>40.10</b>
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60673-1293</b>
Purpose of Expenditure <b>Phone Bank</b>	Category/Type <b>004</b>	Transaction ID : <b>78861428</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Harris, Mark, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NC</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 / 29 / 2018</b>
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>3190.60</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>78861339</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Harris, Mark, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House    District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NC</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>3230.70</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 23 OF 34  
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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>3190.60</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861340</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>McCready, Daniel, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NC</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>i360, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2018</b>	
Mailing Address <b>29374 Network Place</b>		Amount <b>4.53</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60673-1293</b>	Transaction ID : <b>78861431</b>
Purpose of Expenditure <b>Phone Bank</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Budd, Theodore, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NC</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>3195.13</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 24 OF 34  
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>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1510.64</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861341</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>Herrell, Stella, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NM</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1510.64</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861342</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>Small Xochitl, Torres, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NM</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>3021.28</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 25 OF 34  
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>i360, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2018</b>	
Mailing Address <b>29374 Network Place</b>		Amount <b>47.33</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60673-1293</b>	Transaction ID : <b>78861433</b>
Purpose of Expenditure Phone Bank		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Faso, John, J., Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>3060.34</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861344</b>
Purpose of Expenditure Direct Mail Expense		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Faso, John, J., Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</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>3107.67</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.

Owens, G., , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 26 OF 34  
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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>3060.34</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861345</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>Delgado, Antonio, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>19</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</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>i360, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2018</b>		
Mailing Address <b>29374 Network Place</b>			Amount <b>26.70</b>		
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60673-1293</b>	Transaction ID : <b>78861435</b>		
Purpose of Expenditure <b>Phone Bank</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Chabot, Steve, , Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input 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>3087.04</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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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>i360, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 28 / 2018</b>	
Mailing Address <b>29374 Network Place</b>		Amount <b>26.70</b>	
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60673-1293</b>	Transaction ID : <b>78861436</b>
Purpose of Expenditure Phone Bank		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Balderson, Troy, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input 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>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1810.32</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861346</b>
Purpose of Expenditure Direct Mail Expense		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Balderson, Troy, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input type="checkbox"/> President <input 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>1837.02</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 28 OF 34  
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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1810.32</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861347</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>O'Connor, Daniel, , ,</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>12</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input 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>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>513.04</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861356</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>Culberson, John, Abney, Rep.,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</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>2323.36</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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 29 OF 34  
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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		MM / DD / YYYY

Full Name of Payee <b>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>513.04</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861357</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>Fletcher, Elizabeth, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>573.27</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861361</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>Sessions, Pete, , Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>32</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</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>1086.31</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 30 OF 34  
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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>573.27</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861362</b>		
Purpose of Expenditure Direct Mail Expense		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Allred, Colin, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>32</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>2892.75</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861281</b>		
Purpose of Expenditure Direct Mail Expense		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Taylor, Scott, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>VA</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>3466.02</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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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>		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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>2892.75</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861282</b>
Purpose of Expenditure Direct Mail Expense		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Luria, Elaine, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>VA</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>3098.52</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861367</b>
Purpose of Expenditure Direct Mail Expense		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Brat, Dave, , Rep.,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>VA</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>5991.27</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.

Owens, G, , Robert,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 32 OF 34  
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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>3098.52</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78861368</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>Spanberger, Abigail, ,</b>		<input type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>VA</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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1654.48</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78760621</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>McMorris Rodgers, Cathy, , Rep.,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>05</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WA</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>4753.00</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**  
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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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>1654.48</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78760662</b>		
Purpose of Expenditure Direct Mail Expense		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Brown, Lisa, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WA</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 / 29 / 2018</b>		
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>			Amount <b>1735.28</b>		
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78760622</b>		
Purpose of Expenditure Direct Mail Expense		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Rossi, Dino, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WA</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>3389.76</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.

Owens, G, , Robert,

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**10 / 29 / 2018**

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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>		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 / 29 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>1735.28</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78760663</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>Schrier, Kim, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WA</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>1735.28</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>141191.65</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.

Owens, G, , Robert,

[Electronically Filed]

Date

MM	DD	YYYY
10	29	2018

Signature