

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Gun Owners of America, Inc.</b>			3. FEC Identification Number <b>C</b> C90011693
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8001 Forbes Place, Suite 102			
(c) City, State and ZIP Code Springfield VA 22151-2205			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on  /  /

5. COVERING PERIOD: FROM  /  /   
THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....  0.00

7. TOTAL INDEPENDENT EXPENDITURES .....  21544.94

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 any political party committee or its agent.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Walter J. Olson	<i>Walter J. Olson</i>	10/21/2014
	<i>[Electronically Filed]</i>	

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Gun Owners of America, Inc.

Full Name (Last, First, Middle Initial) of Payee Thirty Odd Six Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 900 Saturn Drive, #707		Amount 2422.98	
City Colorado Springs	State CO	Zip Code 80905	Transaction ID : F57.4266
Purpose of Expenditure List rental	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Joni Ernst		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11241.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Thirty Odd Six Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 900 Saturn Drive, #707		Amount 1346.58	
City Colorado Springs	State CO	Zip Code 80905	Transaction ID : F57.4266
Purpose of Expenditure Robo calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AK District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Dan Sullivan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10303.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Voice Broadcasting		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1527 S. Cooper Street		Amount 8818.96	
City Arlington	State TX	Zip Code 76010	Transaction ID : F57.4265
Purpose of Expenditure Robo calls	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Joni Ernst		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8818.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	12588.52
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	12588.52

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
Gun Owners of America, Inc.

Full Name (Last, First, Middle Initial) of Payee Voice Broadcasting		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 1527 S. Cooper Street		Amount 8956.42	
City Arlington	State TX	Zip Code 76010	Transaction ID : F57.4267
Purpose of Expenditure Robo calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AK District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Dan Sullivan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8956.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
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.....	8956.42
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	21544.94