

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>NATIONAL RIFLE ASSOCIATION INSTITUTE FOR LEGISLATIVE ACTION</b>		3. FEC Identification Number <b>C C90013301</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 11250 WAPLES MILL ROAD		
(c) City, State and ZIP Code FAIRFAX VA 22030		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

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

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

/  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....

7. 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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Mary Rose Adkins	Mary Rose Adkins <i>[Electronically Filed]</i>	10/18/2012

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

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
NATIONAL RIFLE ASSOCIATION INSTITUTE FOR LEGISLATIVE ACTION

Full Name (Last, First, Middle Initial) of Payee Master Print		Date
Mailing Address 8401 Terminal Road		MM / DD / YYYY 10 / 18 / 2012
City	State	Zip Code
Newington	VA	22122
Purpose of Expenditure Printing of Postcards		Amount
Category/Type	004	15621.76
Name of Federal Candidate Supported or Opposed by Expenditure: Jeff Flake		Transaction ID : F57.000001
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2012
.00		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Office Sought:		State: AZ
<input type="checkbox"/> House		District: _____
<input checked="" type="checkbox"/> Senate		
<input type="checkbox"/> President		
Check One:		
<input checked="" type="checkbox"/> Support		<input type="checkbox"/> Oppose

Full Name (Last, First, Middle Initial) of Payee Master Print		Date
Mailing Address 8401 Terminal Road		MM / DD / YYYY 10 / 18 / 2012
City	State	Zip Code
Newington	VA	22122
Purpose of Expenditure Printing of Postcards		Amount
Category/Type	004	6750.32
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Summers		Transaction ID : F57.000002
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2012
.00		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Office Sought:		State: ME
<input type="checkbox"/> House		District: _____
<input checked="" type="checkbox"/> Senate		
<input type="checkbox"/> President		
Check One:		
<input checked="" type="checkbox"/> Support		<input type="checkbox"/> Oppose

Full Name (Last, First, Middle Initial) of Payee Master Print		Date
Mailing Address 8401 Terminal Road		MM / DD / YYYY 10 / 18 / 2012
City	State	Zip Code
Newington	VA	22122
Purpose of Expenditure Printing of Postcards		Amount
Category/Type	004	13258.44
Name of Federal Candidate Supported or Opposed by Expenditure: Claire McCaskill		Transaction ID : F57.000003
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2012
.00		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Office Sought:		State: MO
<input type="checkbox"/> House		District: _____
<input checked="" type="checkbox"/> Senate		
<input type="checkbox"/> President		
Check One:		
<input type="checkbox"/> Support		<input checked="" type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35630.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

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Mailing Address 8401 Terminal Road		MM / DD / YYYY 10 / 18 / 2012
City	State	Zip Code
Newington	VA	22122
Purpose of Expenditure Printing of Postcards		Amount
Category/Type	004	2632.46
Name of Federal Candidate Supported or Opposed by Expenditure: Rick Berg		Transaction ID : F57.000004
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2012
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Master Print		Date
Mailing Address 8401 Terminal Road		MM / DD / YYYY 10 / 18 / 2012
City	State	Zip Code
Newington	VA	22122
Purpose of Expenditure Printing of Postcards		Amount
Category/Type	004	2264.13
Name of Federal Candidate Supported or Opposed by Expenditure: Dean Heller		Transaction ID : F57.000005
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2012
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Master Print		Date
Mailing Address 8401 Terminal Road		MM / DD / YYYY 10 / 18 / 2012
City	State	Zip Code
Newington	VA	22122
Purpose of Expenditure Printing of Postcards		Amount
Category/Type	004	15770.13
Name of Federal Candidate Supported or Opposed by Expenditure: Josh Mandel		Transaction ID : F57.000006
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2012
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	20666.72
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	

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ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
NATIONAL RIFLE ASSOCIATION INSTITUTE FOR LEGISLATIVE ACTION

Full Name (Last, First, Middle Initial) of Payee Master Print		Date
Mailing Address 8401 Terminal Road		MM / DD / YYYY 10 / 18 / 2012
City	State	Zip Code
Newington	VA	22122
Purpose of Expenditure Printing of Postcards		Amount
Category/Type	004	7101.37
Name of Federal Candidate Supported or Opposed by Expenditure: George Allen		Transaction ID : F57.000007
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Master Print		Date
Mailing Address 8401 Terminal Road		MM / DD / YYYY 10 / 18 / 2012
City	State	Zip Code
Newington	VA	22122
Purpose of Expenditure Printing of Postcards		Amount
Category/Type	004	16312.33
Name of Federal Candidate Supported or Opposed by Expenditure: Tommy Thompson		Transaction ID : F57.000008
Calendar Year-To-Date Per Election for Office Sought		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
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		State: _____ District: _____
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23413.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	79710.94