

# REPORT OF COMMUNICATION COSTS BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS

(See reverse side for instructions.)

1. (a) NAME OF ORGANIZATION NRA Institute for Legislative Action	2. IDENTIFICATION NUMBER (Assigned by FEC) C70000716
(b) ADDRESS (Number and Street) 11250 Waples Mill Road	3. TYPE OF ORGANIZATION (Check Appropriate Box)
(c) CITY, STATE AND ZIP CODE Fairfax, VA 22030	<input type="checkbox"/> Corporation <input type="checkbox"/> Labor Organization <input checked="" type="checkbox"/> Membership Organization <input type="checkbox"/> Trade Association <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporation without capital stock

4. TYPE OF REPORT (Check One):

(a)  April 15 Quarterly Report     July 15 Quarterly Report     October 15 Quarterly Report

12 Day Pre-General Election Report held on \_\_\_\_\_ in the State of \_\_\_\_\_

January 31 Year End Report

(b) Is this Report an Amendment?     YES     NO

5. THIS REPORT COVERS THE PERIOD    01/01/99    THROUGH    03/31/99

### SUMMARY OF COMMUNICATION COSTS

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (For Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify)	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: (Specify)	<input type="checkbox"/> Executive/Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD    \$        -0-    

I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.

Mary Rose Adkins  
Type or Print Name

*Mary Rose Adkins* (Fiscal) Officer  
Signature and Title of Person Designated to Sign This Report

04/15/99  
Date

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

**WHERE TO FILE:**  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**FOR FURTHER INFORMATION CONTACT:**  
Federal Election Commission  
Toll Free: 800-424-9530  
Local: 202-219-3420

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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and/or Date of Receipt

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*JK*  
PREPARER

4-18-99  
DATE PREPARED