

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

## (Schedule E)

 PAGE 1 OF 3  
 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 type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>		

Full Name of Payee <b>Prolist Inc.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            10 / 16 / 2018         </div>	
Mailing Address 4510 Buckeystown Pike, Suite M		Amount <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">1760.47</div>	
City State Zip Code Frederick MD 21704-7539	<b>Transaction ID : 78756734</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>		
Purpose of Expenditure Direct Mail Expense	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; float: right;">004</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Renacci, James, , ,	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">0.00</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH 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: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y            10 / 16 / 2018         </div>	
Mailing Address 4510 Buckeystown Pike, Suite M		Amount <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">3004.11</div>	
City State Zip Code Frederick MD 21704-7539	<b>Transaction ID : 78752851</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M / D D / Y Y Y Y Y Y         </div>		
Purpose of Expenditure Direct Mail Expense	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; float: right;">004</div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Cruz, Ted, , Sen.,	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; float: right;">0.00</div>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX 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..... ►	4764.58
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	
(c) <b>TOTAL</b> 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]

Date

M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2018

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
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 type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>3004.11</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78752852</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'Rourke, Beto, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" 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 / 16 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>30855.91</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78770106</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>Cruz, Ted, , Sen.,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" 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>33860.02</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,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 16 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
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 type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Prolist Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2018</b>	
Mailing Address <b>4510 Buckeystown Pike, Suite M</b>		Amount <b>30855.91</b>	
City <b>Frederick</b>	State <b>MD</b>	Zip Code <b>21704-7539</b>	Transaction ID : <b>78770107</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'Rourke, Beto, ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" 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		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>30855.91</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>69480.51</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 / 16 / 2018**

Signature