"Jeff Yue" <jyue@nssf.org> on 10/31/2012 08:51:39 AM

To: <2022190174@fec.gov>,
cc:

Subject:

Attached please find the FEC Form 9 filed on behalf of the National Shooting Sports Foundation, Inc. Please contact me if you have any questions.

Sincerely,
Jeffrey S. Yue
Associate General Counsel
National Shooting Sports Foundation, Inc.
11 Mile Hill Road
Newtown, CT 06470-2359
(203) 426-1320 ext. 268
(203) 426-7182 - FAX
jyue@nssf.org
www.nssf.org

NSSF FEC Form 9 - 24Hr Electioneering Communication.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name National Shooting Sports Foundation, Inc.

(b) Address (number and street) ☐ check if different than previously reported
11 Mile Hill Rd.

(c) City, State and ZIP Code
Newtown, CT 06470

2. FEC Identification Number
C

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement XX New or ☐ Amended

4. Covering Period 10 / 12 / 2012 through 10 / 30 / 2012

5. (a) Date of Public Distribution(s) 10 / 30 / 2012

(b) Communication Title "Chris Murphy Is Wrong"

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) XX Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes ☐ No ☐

8. Custodian of Records

(a) Name
Lawrence G. Keane

(b) Address (number and street)
11 Mile Hill Rd.

(c) City, State and ZIP Code
Newtown, CT 06470

(d) Name of Employer or Principal Place of Business
National Shooting Sports Foundation, Inc.

(e) Occupation
SVP & General Counsel

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 256,200.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Lawrence G. Keane

SIGNATURE Lawrence G. Keane **DATE** 10/30/12

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

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name
Lawrence G. Keane

(b) Address (number and street)
11 Mile Hill Rd.

(c) City, State and ZIP Code
Newtown, CT 06470

(d) Name of Employer or Principal Place of Business
National Shooting Sports Foundation, Inc.

(e) Occupation
SVP & General Counsel

B. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt M M / D D / Y Y Y Y

Amount

SUBTOTAL of Donations This Page (optional) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶ 0 0 0
(carry total from last page to Line 9)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: One Four, LLC

Mailing Address of Payee: 19 Fairview Dr.

City: Southboro, MA 01772 State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 12 / 2012

Amount: 25,020.00

Communication Date: 10 / 30 / 2012

Purpose of Disbursement (including title(s) of communication(s)): Purchase radio spots in Connecticut -- "Chris Murphy Is Wrong"

Name of Federal Candidate: Chris Murphy
Office Sought: [ ] House [X] Senate [ ] President
State: CT District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: Alan Sklar

Mailing Address of Payee: 68 Clearwood Ct.

City: Somers, NY 10589 State: Zip Code:

Name of Employer: Self-Employed Occupation:

Date of Disbursement or Obligation: 10 / 17 / 2012

Amount: 4,000.00

Communication Date: 10 / 30 / 2012

Purpose of Disbursement (including title(s) of communication(s)): Voice over for radio spots

Name of Federal Candidate: Chris Murphy
Office Sought: [ ] House [X] Senate [ ] President
State: CT District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 25,420.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 10)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
Alan Sklar

Mailing Address of Payee
68 Clearwood Ct.

City: Somers, NY 10589 State: Zip Code:

Name of Employer: Self-Employed Occupation:

Date of Disbursement or Obligation: 10 / 19 / 2012

Amount: 20000

Communication Date: 10 / 30 / 2012

Purpose of Disbursement (Including title(s) of communication(s))
Voice over for radio spots

Name of Federal Candidate: Chris Murphy
Office Sought: [ ] House [X] Senate [ ] President
State: CT District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Date of Disbursement or Obligation: M M / D D / Y Y Y Y

Amount

Communication Date: M M / D D / Y Y Y Y

Purpose of Disbursement (Including title(s) of communication(s))

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 20000

TOTAL This Period (last page this line number only) ▶ 256200
(carry total from last page to Line 10)

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☒ Other (Specify): E-Mail	Date of Receipt or Postmarked 10/31/2012
JB PREPARER	10/31/2012 DATE PREPARED

(3/2005)