

# 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 202		
(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.....  39718.30

7. TOTAL INDEPENDENT EXPENDITURES .....  39718.30

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>
Olson, Walter, J., ,	<i>Olson, Walter, J., ,</i>	07/12/2018

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-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A. Full Name (Last, First, Middle Initial)</b> Gun Owners of America, Inc.			Date of Receipt 05 / 09 / 2018 <b>Transaction ID : F56.4437</b>		
Mailing Address 8001 Forbes Place, Suite 202			Amount of Each Receipt this Period 13729.00		
City Springfield	State VA	Zip Code 22151-2205	<b>Transaction ID : F56.4437</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 13729.00		
Name of Employer			Occupation		

<b>B. Full Name (Last, First, Middle Initial)</b> Gun Owners of America, Inc.			Date of Receipt 05 / 10 / 2018 <b>Transaction ID : F56.4442</b>		
Mailing Address 8001 Forbes Place, Suite 202			Amount of Each Receipt this Period 12537.50		
City Springfield	State VA	Zip Code 22151-2205	<b>Transaction ID : F56.4442</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 12537.50		
Name of Employer			Occupation		

<b>C. Full Name (Last, First, Middle Initial)</b> Gun Owners of America, Inc.			Date of Receipt 05 / 14 / 2018 <b>Transaction ID : F56.4449</b>		
Mailing Address 8001 Forbes Place, Suite 202			Amount of Each Receipt this Period 1216.20		
City Springfield	State VA	Zip Code 22151-2205	<b>Transaction ID : F56.4449</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1216.20		
Name of Employer			Occupation		

<b>D. Full Name (Last, First, Middle Initial)</b> Gun Owners of America, Inc.			Date of Receipt 05 / 29 / 2018 <b>Transaction ID : F56.4455</b>		
Mailing Address 8001 Forbes Place, Suite 202			Amount of Each Receipt this Period 12235.60		
City Springfield	State VA	Zip Code 22151-2205	<b>Transaction ID : F56.4455</b>		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 12235.60		
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	39718.30
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	39718.30

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee Fryed Solutions Inc.		Date of Public Distribution/Dissemination 05 / 14 / 2018	
Mailing Address P.O. Box 223		Amount 1216.20	
City Bramwell	State WV	Zip Code 24715	
Purpose of Expenditure Robo calls		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Pounds, Bunni, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1216.20		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Fryed Solutions Inc._		Date of Public Distribution/Dissemination 05 / 30 / 2018	
Mailing Address P.O. Box 998		Amount 12235.60	
City Princeton	State WV	Zip Code 24740	
Purpose of Expenditure Radio ads		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: MT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ronsendale, Matt, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12235.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee iHeartMedia__		Date of Public Distribution/Dissemination 05 / 14 / 2018	
Mailing Address 6222 NW Interstate 10		Amount 12537.50	
City San Antonio	State TX	Zip Code 78201	
Purpose of Expenditure Radio ads		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Roy, Chip, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26266.50		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	25989.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee Salem Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 9601 McAllister Freeway Suite 1200		Amount 7477.00	
City San Antonio	State TX	Zip Code 78216	Transaction ID : F57.4433
Purpose of Expenditure Radio ads	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 21
Name of Federal Candidate Supported or Opposed by Expenditure: Roy, Chip, , ,		Check One: <input checked="" 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 checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee Salem Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 11 / 2018	
Mailing Address 9601 McAllister Freeway Suite 1200		Amount 6252.00	
City San Antonio	State TX	Zip Code 78216	Transaction ID : F57.4436
Purpose of Expenditure Radio ads	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 21
Name of Federal Candidate Supported or Opposed by Expenditure: Roy, Chip, , ,		Check One: <input checked="" 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 checked="" type="checkbox"/> Other (specify) Runoff	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
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) Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures.....	13729.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	39718.30