

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C 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 <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Prolist Inc.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Mailing Address 4510 Buckeystown Pike, Suite M			Amount <table border="1" style="display:inline-table; margin:0 5px;">1522.26</table>		
City Frederick	State MD	Zip Code 21704-7539	Transaction ID : 78733091		
Purpose of Expenditure Direct Mail Expense		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>		
Name of Federal Candidate Cramer, Kevin, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">0.00</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Prolist Inc.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Mailing Address 4510 Buckeystown Pike, Suite M			Amount <table border="1" style="display:inline-table; margin:0 5px;">1522.26</table>		
City Frederick	State MD	Zip Code 21704-7539	Transaction ID : 78733281		
Purpose of Expenditure Direct Mail Expense		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>		
Name of Federal Candidate Heitkamp, Heidi, , Sen.,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ND		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">0.00</table>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">3044.52</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

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

 /

 /

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) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C 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 Prolist Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2018	
Mailing Address 4510 Buckeystown Pike, Suite M		Amount 1522.26	
City Frederick	State MD	Zip Code 21704-7539	Transaction ID : 78734118
Purpose of Expenditure Direct Mail Expense	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Armstrong, Kelly, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: ND <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Prolist Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2018	
Mailing Address 4510 Buckeystown Pike, Suite M		Amount 3609.92	
City Frederick	State MD	Zip Code 21704-7539	Transaction ID : 78734352
Purpose of Expenditure Direct Mail Expense	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Gianforte, Greg, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: MT <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5132.18
(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 / 10 / 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) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C 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 Prolist Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2018	
Mailing Address 4510 Buckeystown Pike, Suite M		Amount 3609.93	
City Frederick	State MD	Zip Code 21704-7539	Transaction ID : 78734431
Purpose of Expenditure Direct Mail Expense	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Tester, Jon, , Sen.,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Prolist Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2018	
Mailing Address 4510 Buckeystown Pike, Suite M		Amount 3609.92	
City Frederick	State MD	Zip Code 21704-7539	Transaction ID : 78734221
Purpose of Expenditure Direct Mail Expense	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rosendale, Matt, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7219.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	15396.55

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 / 10 / 2018

Signature