

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C 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		

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 24 / 2018	
Mailing Address 29374 Network Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.23</div>	
City Chicago	State IL	Zip Code 60673-1293	Transaction ID : 78070488
Purpose of Expenditure Phone Bank	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Braun, Mike, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 24 / 2018	
Mailing Address 29374 Network Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.60</div>	
City Chicago	State IL	Zip Code 60673-1293	Transaction ID : 78070489
Purpose of Expenditure Phone Bank	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Morrissey, Patrick, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">40.83</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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.

Adkins, Mary Rose, , ,

[Electronically Filed]

Date

MM / DD / YYYY
06 / 25 / 2018

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
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 i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 24 / 2018	
Mailing Address 29374 Network Place		Amount 122.05	
City Chicago	State IL	Zip Code 60673-1293	Transaction ID : 78070490
Purpose of Expenditure Phone Bank		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rosendale, Matt, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee i360, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 24 / 2018	
Mailing Address 29374 Network Place		Amount 31.53	
City Chicago	State IL	Zip Code 60673-1293	Transaction ID : 78070491
Purpose of Expenditure Phone Bank		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Heller, Dean, , Sen.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	153.58
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	194.41

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.

Adkins, Mary Rose, , ,

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Date

MM / DD / YYYY
06 / 25 / 2018

Signature