Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Rifle Association of America Political Victor	ry Fund	FEC IDENTIFICATION NUMBER ▼  C C00053553
Check if 24-hour report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee i360, LLC  Mailing Address 29374 Network Place	Date	e of Public Distribution/Dissemination  9 09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
20074 NOWORK Flade	Amo	ount
		nsaction ID : 78635505 e of Disbursement or Obligation
Purpose of Expenditure Phone Bank Ca	ategory/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate  McSally, Martha, , ,	Support Office Sou	
Calendar Year-To-Date Per Election for Office Sought	0.00 Disburseme	ent For: Primary <b>X</b> General Other (specify) ▶
Full Name of Payee i360, LLC	Date	e of Public Distribution/Dissemination
Mailing Address 29374 Network Place	Amo	
City State Zip	Code	89.50
Chicago IL 600		saction ID: 78635508 e of Disbursement or Obligation
Purpose of Expenditure Phone Bank	ategory/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate  Hawley, Joshua, , ,	Support Office Soug	
Calendar Year-To-Date Per Election for Office Sought	0.00 Disburseme 2018	
(a) SUBTOTAL of Itemized Independent Expenditures		256.25
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	· _	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized con party committee) any political party committee or its agent.		•
Owens, G, , Robert,  [Electronically] Signature	y Filed] Date 09	24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-		

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Rifle Association of America Political Victory F	und	FEC IDENTIFICATION NUMBER ▼
Transfiar time tiesesialien er timenea i emilear tielery i	dila	C C00053553
Check if 24-hour report 48-hour report New report	Amends report filed on	M
Full Name of Payee i360, LLC	Date	of Public Distribution/Dissemination
		09 23 2018
Mailing Address 29374 Network Place	Amou	int
City State Zip Code	e	15.63
Chicago IL 60673-1		saction ID: 78635512 of Disbursement or Obligation
Purpose of Expenditure Phone Bank  Catego Ty		/
Name of Federal Candidate	Support Office Sough	nt: <b>X</b> House District:13
Budd, Theodore, , ,	Oppose Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2018	,
Full Name of Payer		Other (specify)
Full Name of Payee i360, LLC	_	of Public Distribution/Dissemination
Mailing Address 29374 Network Place	Amou	09 23 2018 unt
City State Zip Cod	e	70.77
Chicago IL 60673-	1293 Transa	action ID: 78635515 of Disbursement or Obligation
Purpose of Expenditure Phone Bank  Catego Ty		M - M / D - D / Y - Y - Y - Y
Name of Federal Candidate	Support Office Sough	nt: House District:
Renacci, James, , ,	Oppose Presid	ent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2018	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	86.40
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	7 7 7 7
(c) TOTAL Independent Expenditures	·······	171171171
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Owens, G, , Robert, [Electronically File	d] Date 09	24 2018
Signature		

PAGE

OF

reflectate Ly		FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	l	FEC IDENTIFICATION NUMBER ▼
National Rifle Association of America Political Victory F	una	C C00053553
check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Date	e of Public Distribution/Dissemination
i360, LLC		09 23 2018
Mailing Address 29374 Network Place	Amo	punt
City State Zip Code		70.72
Chicago IL 60673-1	293 Trar	nsaction ID : 78635516 of Disbursement or Obligation
Purpose of Expenditure Phone Bank  Catego Ty	ry/ 004	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Soug	ght: House District:
Vukmir, Leah, , ,	Oppose Presi	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Calendar Year-To-Date Per Election for Office Sought	Disburseme	ent For: Primary Seneral
Per Election for Office Sought		Other (specify)
Full Name of Payee i360, LLC	Date	e of Public Distribution/Dissemination
Mailing Address 29374 Network Place		09 23 2018
	Amo	ount
City State Zip Code	e	18.02
Chicago IL 60673-1	293 Trans	saction ID: 78635510 e of Disbursement or Obligation
Purpose of Expenditure Phone Bank  Category Ty		M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate	Support Office Sou	ght: House District:
Rosendale, Matt, , ,	Oppose Presi	ident Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	Disburseme 2018	
To Election to Since esagin		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	······································	88.74
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Owens, G, , Robert,  [Electronically File.	dJ Date 09	24 2018
Signature	Date	

PAGE 3

OF

				FOR SE	OF FORM 24/48
NAME OF COMMITTEE (In Full)	· Amorico Political Via	stony Fund		FEC IDENTIFICA	TION NUMBER ▼
National Rifle Association of	C C0005355	3			
Check if 24-hour report 🗶 48-ho	our report New repo	ort Amends repo		M = M / D = D	/ Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution	on/Dissemination
i360, LLC				09 / 23	2018
Mailing Address 29374 Network Place	е		Amou	ınt	
City	State	Zip Code			180.01
Chicago	IL	60673-1293		saction ID : 786355 of Disbursement o	507
Purpose of Expenditure Phone Bank		Category/ Type 004		M M / D D	/ Y Y Y Y
Name of Federal Candidate		<b>x</b> Support	Office Sough	ht: House	District:
Braun, Mike, , ,		Oppose	Preside		State:IN
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemer 2018		ary <b>X</b> General
<u> </u>	7	3.30	c	Other (specify) ► _	
Full Name of Payee i360, LLC				of Public Distribution	/ Y Y Y Y Y
Mailing Address 29374 Network Pla	ace		Amou	09 23 unt	2018
City	State	Zip Code	$ \Gamma$		110.52
Chicago	IL	60673-1293		action ID: 786355 of Disbursement o	
Purpose of Expenditure Phone Bank		Category/ Type 004		M = M / D = D	/ Y Y Y Y Y
Name of Federal Candidate		<b>✗</b> Support	Office Sough	ht: House	District:
Morrisey, Patrick, , ,		Oppose		dent Senate	
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disbursemer 2018	nt For: Prima	ary 🗶 General
(a) SUBTOTAL of Itemized Independe	ent Expenditures		· [	17117	290.53
(b) SUBTOTAL of Unitemized Indepen	ndent Expenditures		· •		
(c) TOTAL Independent Expenditures.			· [		
Under penalty of perjury I certify that with, or at the request or suggestion o party committee) any political party committee	of, any candidate or authorized				
Owens, G, , Robert,	[Electron	ically Filed] Date	M = M /		y y y y 2018
Signature			لنب		

PAGE 4

OF

mage# 201809249124236980 24/48 HOUR REPORT OF INDE	PENDENT EXPEND	ITURES	PAGE 5 OF 5
Schedule E)			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
National Rifle Association of	America Political Vi	ctory Fund	C C00053553
Check if 24-hour report X 48-hou	r report New rep	port Amends report	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
i360, LLC			09 23 2018
Mailing Address 29374 Network Place			Amount
City	State	Zip Code	13.36
Chicago	IL	60673-1293	Transaction ID: 78635513  Date of Disbursement or Obligation
Purpose of Expenditure Phone Bank		Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate		<b>x</b> Support	Office Sought: House District:
Heller, Dean, , Sen.,		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:  Primary  General 2018  Other (specify) ▶
Full Name of Payee i360, LLC			Date of Public Distribution/Dissemination  M
Mailing Address 29374 Network Place	ce		Amount
City	State	Zip Code	0.58
Chicago	IL	60673-1293	Transaction ID : 78635511  Date of Disbursement or Obligation
Purpose of Expenditure Phone Bank		Category/ Type 004	M - M / D - D / Y - Y - Y
Name of Federal Candidate		<b>x</b> Support	Office Sought:
Harris, Mark, , ,		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	0.00	Disbursement For:  Primary

(a)	SUBTOTAL of Itemized Independent Expenditures			_	7	_	_	-	_	13.	94	
(b)	SUBTOTAL of Unitemized Independent Expenditures				7	Ξ	-	7	_	— —		
(c)	TOTAL Independent Expenditures		_	_	7		-	-7-	_	735.	86	

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]				/	Y Y Y Y
Signature		Date	09	24		2018