

**SEEC FORM 26—SHORT FORM**  
**Independent Expenditure Statement for Persons**

Revised August 2014



RECEIVED SEEC

Official Use Only

Original  
 Amendment

Page 1 of 8

**1. NAME OF PERSON MAKING INDEPENDENT EXPENDITURE**

2014 OCT 17 P 3:08 141445

National Shooting Sports Foundation, Inc.

**2. NAME OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT**

First Name <b>Lawrence</b>	MI <b>G.</b>	Last Name <b>Keane</b>	Suffix
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Title  
**Senior Vice President, Assistant Secretary & General Counsel**

**3. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT**

(Include Area Code) <b>203-426-1320</b>	Email Address <b>lkeane@nssf.org</b>
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**4. DATE (Check One Box)**

Primary  Election **2014**  Referendum

**5. TYPE OF REPORT (Check One Box)**

January 10     7th day preceding primary     7th day preceding referendum     24 hour Independent Expenditure Statement for Primary  
 April 10     30 days following primary     24 hour Independent Expenditure Statement for Election  
 July 10     7th day preceding election     24 hour Independent Expenditure Statement for Special Election  
 October 10     7th day preceding special election     90 days following referendum     Amendment to (Type of Report)  
 45 days following special election

**6. PERIOD COVERED**

Beginning Date **10/17/2014** through Ending Date **10/17/2014**

**7. CERTIFICATION OF INDIVIDUAL FILING THE INDEPENDENT EXPENDITURE STATEMENT**

I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file the Independent Expenditure Statement on behalf of the person. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the person, for the period covered, and that these expenditures and obligations were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof, and that the person has not been reimbursed.

*Lawrence G. Keane*

**Lawrence G. Keane**

**10/17/2014**

SIGNATURE

PRINT NAME OF SIGNER

DATE (mm/dd/yyyy)

## INDEPENDENT EXPENDITURES

<b>NAME OF PERSON MAKING THE INDEPENDENT EXPENDITURE</b> <i>(As reported on Page 1, Line 1)</i> <b>National Shooting Sports Foundation, Inc.</b>	<b>TYPE OF REPORT</b> 24 Hour IE Report For Election
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### SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
8. Expenditures Made by a Person <i>(Section A - Page 3)</i>	<b>\$59,998.99</b>	<b>\$59,998.99</b>
9. Expenditures Obligated by a Person This Period but Not Paid <i>(Section B - Page 4)</i>	<b>\$0.00</b>	
10. Total Outstanding Expenditures Obligated by a Person still Unpaid <i>(Section B - Page 4)</i>	<b>\$0.00</b>	

# INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT	
National Shooting Sports Foundation, Inc.				24 Hour IE Report For Election	
<b>A. Independent Expenditures Made by Person</b>					
Name of Payee					Date of Expenditure
One Four Media					10/17/2014
Street Address			City	State	Zip Code
19 Fairview Drive			Southboro	MA	01772
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Television advertising. IE that neither supports nor opposes a candidate. IE relates to issue advocacy voter education.			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)				Office Sought	
				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?	Amount	
A-TV			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$54,199.00	
Name of Payee					Date of Expenditure
Facebook					10/17/2014
Street Address			City	State	Zip Code
1 Hacker Way			Menlo Park	CA	94025
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Internet advertising. IE that neither supports nor opposes a candidate. IE relates to issue advocacy voter education.			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)				Office Sought	
				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?	Amount	
A-WEB			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5,799.99	
Name of Payee					Date of Expenditure
Street Address			City	State	Zip Code
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)				Office Sought	
				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)		Expenditure Number (if applicable)	Associated with Referendum?	Amount	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SUBTOTAL Section A. - This Page</b>				<b>\$59,998.99</b>	
<b>TOTAL of additional Section A. Pages</b>				<b>\$0.00</b>	
<b>TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY PERSON THIS PERIOD</b>				<b>\$59,998.99</b>	
<small>(Enter total on Column A, Line 8)</small>					

# INDEPENDENT EXPENDITURES

<b>NAME OF PERSON MAKING INDEPENDENT EXPENDITURE</b> <i>(As reported on Page 1, Line 1)</i>				<b>TYPE OF REPORT</b>	
National Shooting Sports Foundation, Inc.				24 Hour IE Report For Election	
<b>B. Independent Expenditures Obligated by Person this Period but Not Paid</b>					
Name of Creditor				Date Obligated	
Street Address		City		State	Zip Code
Independent Expenditure (on behalf of more than one candidate?) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Amount Obligated</b>	
Name of Creditor				Date Obligated	
Street Address		City		State	Zip Code
Independent Expenditure (on behalf of more than one candidate?) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Amount Obligated</b>	
Name of Creditor				Date Obligated	
Street Address		City		State	Zip Code
Independent Expenditure (on behalf of more than one candidate?) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Amount Obligated</b>	
Name of Creditor				Date Obligated	
Street Address		City		State	Zip Code
Independent Expenditure (on behalf of more than one candidate?) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Amount Obligated</b>	
<b>SUBTOTAL Section B. - This Page</b>				<b>\$0.00</b>	
<b>TOTAL of additional Section B. Pages</b>				<b>\$0.00</b>	
<b>TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BY PERSON DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Column A, Line 9)</i>				<b>\$0.00</b>	
<b>Previous Reported Independent Expenditures Unpaid and Still Outstanding</b>				<b>\$0.00</b>	
<b>TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BUT NOT PAID</b> <i>(Enter total on Column A, Line 10)</i>				<b>\$0.00</b>	

# INDEPENDENT EXPENDITURES

<b>NAME OF PERSON MAKING INDEPENDENT EXPENDITURE</b> <i>(As reported on Page 1, Line 1)</i>		<b>TYPE OF REPORT</b>	
National Shooting Sports Foundation, Inc.		24 Hour IE Report For Election	
<b>C. Itemization of Reimbursements</b>			
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State      Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description			<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State      Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description			<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State      Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description			<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor, Person or Entity Paid by Individual			
Street Address of Vendor, Person or Entity		City	State      Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description			<b>Amount</b>
<b>SUBTOTAL Section C. - This Page</b>		<b>\$0.00</b>	
<b>TOTAL of additional Section C. Pages</b>		<b>\$0.00</b>	
<b>TOTAL OF ALL REIMBURSEMENTS</b>		<b>\$0.00</b>	

# INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPORT
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**D. Covered Transfers in Excess of \$5,000**

If the independent expenditures reported in this form were made or obligated to be made on or after the date that is one hundred and eighty (180) days prior to the applicable primary or election, you must report any "covered transfers" received during the twelve month period prior to the applicable primary or election that are five thousand dollars or more in the aggregate.

One or more of the pertinent covered transfers have been reported to the Federal Election Commission (FEC) or Internal Revenue Service (IRS) and the person filing this form has submitted a copy of that previously filed report in lieu of reporting such covered transfers here.

If this box is checked please list the applicable FEC Filer ID Number or IRS Employer Identification Number here:

FEC Filer ID or IRS EIN # \_\_\_\_\_

**Note: Any covered transfers occurring within the relevant time period and not reported on the attached FEC or IRS filings must be reported below.**

Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	<b>Amount</b>	
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	<b>Amount</b>	
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	<b>Amount</b>	
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	<b>Amount</b>	

See Additional Page(s)

# INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
<b>E. Five Largest Covered Transfers Disclosed in Communication</b>			
<p>If the independent expenditure reported in this form was for a communication made or obligated to be made on or after the date that is ninety (90) days immediately prior to the applicable primary or election, please report the five largest aggregate "covered transfers" received during the received during the twelve month period prior to the applicable primary or election.</p>			
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section</i> <i>Number</i>	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		<b>Amount</b>	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section</i> <i>Number</i>	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		<b>Amount</b>	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section</i> <i>Number</i>	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		<b>Amount</b>	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section</i> <i>Number</i>	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		<b>Amount</b>	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section</i> <i>Number</i>	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		<b>Amount</b>	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section</i> <i>Number</i>	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		<b>Amount</b>	

See Additional Page(s)

# INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
<b>F. Nesting Dolls Provision for Top 5 Covered Transfers Disclosed in Communication</b>			
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Number	
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Number	
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Number	
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Number	
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Number	
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Number	

See Additional Page(s)