

SEEC FORM 26—SHORT FORM
Independent Expenditure Statement for Persons

Revised August 2014



149011

10/16/2014 2:41 PM

☒ Original
☐ Amendment

Official Use Only

Page 1 of 8

1. NAME OF PERSON MAKING INDEPENDENT EXPENDITURE

National Shooting Sports Foundation, Inc.

2. NAME OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT

First Name Lawrence	MI G.	Last Name Keane	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) 203-426-1320	Email Address lkeane@nssf.org
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4. DATE (Check One: Box)

☐ Primary ☒ Election **2014** ☐ Referendum

5. TYPE OF REPORT (Check One Box)

- | | | | |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> January 10 | <input type="checkbox"/> 7th day preceding primary | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> 24 hour Independent Expenditure Statement for Primary |
| <input type="checkbox"/> April 10 | <input type="checkbox"/> 30 days following primary | | <input checked="" type="checkbox"/> 24 hour Independent Expenditure Statement for Election |
| <input type="checkbox"/> July 10 | <input type="checkbox"/> 7th day preceding election | | <input type="checkbox"/> 24 hour Independent Expenditure Statement for Special Election |
| <input type="checkbox"/> October 10 | <input type="checkbox"/> 7th day preceding special election | <input type="checkbox"/> 90 days following referendum | <input type="checkbox"/> Amendment to (Type of Report) |
| | <input type="checkbox"/> 45 days following special election | | |

6. PERIOD COVERED

Beginning Date
10/15/2014 through Ending Date
10/16/2014

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

SIGNATURE

Lawrence G. Keane

PRINT NAME OF SIGNER

10/16/2014

DATE (mm/dd/yyyy)

INDEPENDENT EXPENDITURES

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

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
8. Expenditures Made by a Person (Section A - Page 3)	\$86,564.50	\$86,564.50
9. Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4)	\$0.00	
10. Total Outstanding Expenditures Obligated by a Person still Unpaid (Section B - Page 4)	\$0.00	

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	
A. Independent Expenditures Made by Person					
Name of Payee				Date of Expenditure	
Capitol Report Media Group				10/15/2014	
Street Address		City		State	Zip Code
314 Town Street		East Haddam		CT	06423
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum		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	\$6,000.00	
Name of Payee				Date of Expenditure	
One Four, LLC				10/15/2014	
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 If yes, complete Section A. Addendum		Radio 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-RAD			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$20,150.00	
Name of Payee				Date of Expenditure	
Federal Capitol Communications Corporation				10/15/2014	
Street Address		City		State	Zip Code
950 F Street, N.W. #524		Washington		DC	20004
Independent Expenditure on behalf of more than one candidate?		Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum		Direct mail. 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-DM			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	60,414.50	
SUBTOTAL Section A. - This Page				\$86,564.50	
TOTAL of additional Section A. Pages				\$0.00	
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY PERSON THIS PERIOD (Enter total on Column A, Line 8)				\$86,564.50	

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. Independent Expenditures Obligated by Person this Period but Not Paid					
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 (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <small>(by code)</small>		Expenditure Number <small>(if applicable)</small>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Obligated	
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 (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <small>(by code)</small>		Expenditure Number <small>(if applicable)</small>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Obligated	
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 (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <small>(by code)</small>		Expenditure Number <small>(if applicable)</small>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Obligated	
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 (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <small>(by code)</small>		Expenditure Number <small>(if applicable)</small>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Obligated	
SUBTOTAL Section B. - This Page				\$0.00	
TOTAL of additional Section B. Pages				\$0.00	
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BY PERSON DURING THIS PERIOD BUT NOT PAID <small>(Enter total on Column A, Line 9)</small>				\$0.00	
Previous Reported Independent Expenditures Unpaid and Still Outstanding				\$0.00	
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BUT NOT PAID <small>(Enter total on Column A, Line 10)</small>				\$0.00	

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	
C. Itemization of Reimbursements			
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 <small>(by code)</small>	Expenditure Number <small>(if applicable)</small>	
Description			Amount
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 <small>(by code)</small>	Expenditure Number <small>(if applicable)</small>	
Description			Amount
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 <small>(by code)</small>	Expenditure Number <small>(if applicable)</small>	
Description			Amount
SUBTOTAL Section C. - This Page			\$0.00
TOTAL of additional Section C. Pages			\$0.00
TOTAL OF ALL REIMBURSEMENTS			\$0.00

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT	
D. Covered Transfers in Excess of \$5,000		
<p>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.</p> <p><input type="checkbox"/> 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.</p> <p>If this box is checked please list the applicable FEC Filer ID Number or IRS Employer Identification Number here:</p> <p>FEC Filer ID or IRS EIN # _____</p> <p>Note: Any covered transfers occurring within the relevant time period and not reported on the attached FEC or IRS filings must be reported below.</p>		
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		Amount
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		Amount
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		Amount
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		Amount

☐ See Additional Page(s)

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
E. Five Largest Covered Transfers Disclosed in Communication			
<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 twelve month period prior to the applicable primary or election.</p>			
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <small>Section Number</small>	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <small>Section Number</small>	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <small>Section Number</small>	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <small>Section Number</small>	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <small>Section Number</small>	
Address of Person Making Covered Transfer—City		State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount	

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)		TYPE OF REPORT	
F. Nesting Dolls Provision for Top 5 Covered Transfers Disclosed in Communication			
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	