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 INDEPEN	NDENT EXPENDITURE		
National	Shooting Spo	rts Foundation,	nc.
2. NAME OF INDI VIDUAL FILING INDE	PENDENT EXPENDITURE STA	TEMENT	
Lawrence	G. Last Name Kea	ane	Suffix
Senior Vice Presid	lent, Assistant	Secretary & Gen	eral Counsel
3. TELEPHONE & EMAIL ADDRESS OF I	NDIVIDUAL FILING INDEPE	NDENT EXPENDITURE STATEMEN	T
(Include Area Code) 203-426-1320	Ikeane@n	ssf.org	
4. DATE (Check One: Box)			
□ Primary	■ Election 2014	□ Referendum	
5. TYPE OF REPCIRT (Check One Box)			
☐ January 10 ☐ 7th day preceding prin		☐ 24 hour Independent Expenditure St	atement for Primary
☐ April 10 ☐ 30 days following prin	preceding mary referendum	■ 24 hour Independent Expenditure St	atement for Election
☐ July 10 ☐ 7th day preceding elec		☐ 24 hour Independent Expenditure St	atement for Special Election
☐ October 10 ☐ 7th day preceding spe	☐ 90 days cial election following referendum	☐ Amendment to (Type of Report)	
☐ 45 days following spe			
6. PERIOD COVE RED			
E	Beginning Date	Ending Date	
10/	15/2014 throug	10/16/2014	
7. CERTIFICATION OF INDIVIDUAL FIL	ING THE INDEPENDENT EX	PENDITURE STATEMENT	
information set forth on this Independent E to be made by the person, for the period or political committee, party commit	a behalf of the person. I further of expenditure Statement is a true, ac overed, and that these expenditure tee, or candidate committee, or a	ertify and state, under the penalties of further curate and complete itemization of exp	alse statement, that the enditures made or obligated ent of any other individual,
Lamena &	201110	ence G. Keane	10/16/2014
SIGNATURE	PRINT NAME	OF SIGNER	DATE (mm/dd/yyyy)

NAME OF PERSON MAKING THE INDEPENDE	NT EXPENDITURE, (As reported on Page 1 Line 1)	TYPE OF REPORT
National Shooting Spe		
	SUMMARY	
	COLUMN A This Period	COLUMN B Aggregate
8. Expenditures Made by a Person (Section A - Page	\$86,564.50	\$86,564.50
9. Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4)	\$0.00	
Total Outstandling Expenditures Obligated by a Person still Unpaid (Section B - Page 4)	\$0.00	

NAME OF PERSON MAKING INDEPENDENT	EXPENDITURE (As re	ported on Page	: 1, Line 1) T	YPE OF	REPORT	1.4. 42 44 24.	
National Shooting Sp	oorts Foundatio	n, Inc.	2	24 Ho	ur IE Re	eport F	or Election
	Independent Expe	CONTROL CONTRO	Tade by Perso	n	S. COLLEGE DE LES CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of Payee		reconstruir Linearine vicense construir necessità:	ත්ත කාශාලක ne කාලා එකර එකර විධිවිත ගැනී වන විශාලක විධාන සම්බන්ධ සහ විධාන සම්බන්ධ සහ විධාන සම්බන්ධ සහ විධාන සම			ı	of Expenditure
Capitol Report Media G	iroup					10	/15/2014
Street Address		City	Lladdas	20.		State	Zip Code
314 Town Street		East	Haddan	3	.,		06423
	Description Internet advertising. IE that i	neither sunnar	s nor onnoses a ca	ndidate IF	relates to iss	ue advocar	v voter education.
☐ Yes ■ No If yes, complete Section A. Addendum Name of Candidate (only complete if Independent Expenditure is on beha			1				1
Name (it Candidate (only t-outpiet if margenium Expensione is on some	y ty Over Canadata—y more man one	, complete become	J. Janes Control	ооцыя			Supported Opposed
Purpose of Expenditure	Expenditure N	lumber	Associated with Refe	rendum?		Amou	nt
A-WEB	(if applicable)		☐ Yes 🐻 N	√o	\$6,00	00.00	
Name of Payee				aluurustenduk padeli illi	-	Date of	of Expenditure
One Four, LLC						10	//15/2014
Street Address		City	L. L			State	Zip Code
19 Fairview Drive		Jour	hboro			<u> </u> MA	01772
	Description Radio advertising. IE that n	oithar cuanada	nor opposes a can	udidata 1E	relates to iss	nie aquoca	ry voter education
Name of Candidate (only complete if Independent Expenditure is on beha				·····	. relates to las		cy voter caacation.
Transe of Candrage (only Complete y macpendem Expenditure is on vend	g vj ОН2 сапашае—у тоге тап он	г, Санұлығ песион	A. Addendamy Office :	3Gugar			Supported Opposed
Purpose of Expenditure (by code)	Expenditure N	lumber	Associated with Refe	rendum?		Amou	ınt
A-RAD	19 47	4	☐ Yes 🗐 l	No	\$20,1	150.C)0
Name of Payee	yez <u>se, muoqoo uqqqo qoqo uquqaaqaaabaaa</u> aqqiaaqaa, mataalaa dabaha dabaaadhii	om (Carbon to the State of State of Carbon to the Anti-	and a superior and a		and the state of t	Date	of Expenditure
Federal Capitol Commi	unications C	Corpor	ation			10)/15/2014
Street Address	Æ	City	1 ⁶ a			State	Zip Code
950 F Street, N.W. #524	4	was	hington			DC	20004
1	Description Direct mail. IE that neithe			lata IE w	alakaa ta isau	.a. advesse	u votor advoction
Yes No 19 yes, complete section A. Addendam					erates to issu		T T
Name of Candidate (only complete if Independent Expenditure is on beha	ij aj UNE canaudate —ij more inan on	е, Сотрієїє Зеспон	A. Addendum) Office	Sought			Supported Opposed
Purpose of Expenditure (by cade)	Expenditure N	lumber	Associated with Refe	erendum?		Amou	nt
A-DM □ Yes ■ No 60,414.50)		
	en community (umic month dumina) kind das dissident patriosis (kind and selectiva (kind and selectiva (kind an	equos equiscos de la constante	ANIZOMI PROPERTI SENSEMBER SENSEMBER SENSEMBER SENSEMBER SENSEMBER SENSEMBER SENSEMBER SENSEMBER SENSEMBER SEN	amuus muusumas obbeekk	A TO STATE OF THE	TOTAL TOTAL TOTAL	
	SUBT	OTAL Sect	ion A This Pa	ige Ç	86,50	64.50	0
	TOTAL	of addition a	l Section A. Pa	ges Ş	0.00	akus garkeranan madan	and the second s
TOTAL OF ALL INDEPENDENT EXF	PENDITURES MADE		ON THIS PER		386,56	34.50	ngipel denggolang kelakulan delah delah pendasa salah sebagai dan salah sebagai dan sebagai dan sebagai dan se

SEEC FORM 36--SHORT FORM INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDE	TURE (As repo	orted on Pag	e 1. Line 1)	TYPEO	F REPORT		PERSONAL PROPERTY AND ADMINISTRATION OF THE PERSON OF THE	
National Shooting Sports Fo				<u> </u>	····	eport F	or Election	
B. Independent Expendit		**************	erson this	Period bu	it Not Paid		nagyan Adamsa (Araganian) anisanian mangyan anisanian anisanian anisanian anisanian anisanian anisanian anisan	
Name of Creditor		47,000000000000000000000000000000000000	CONTRACTOR OF THE STATE OF THE		TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	Date !	Obligated	
Street Address		City				State	Zip Code	
Independent Expenditure on behalf of more than one candidate? Description ☐ Yes ☐ No If yes, complete Section B. Addendum	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,					
Name of Candidate (only c-omplete if Independent Expenditure is on behalf of ONE candida.	ue—if more than one, (Complete Section	B. Addendum)	Office Sought			☐ Supported ☐ Opposed	
Purpose of Expenditure (by code)	Expenditure Nu	mber	1	rith Referendum?	F	Amount O	bligated	
Name of Creditor						Date	Obligated	
Street Address		City				State	Zip Code	
Independent Expenditure on behalf of more than one candidate? Description ☐ Yes ☐ No If yes, complete Section B. Addendum		,				•		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate)	nte—if more than one,	Complete Section	B. Addendum)	Office Sought			☐ Supported ☐ Opposed	
Purpose of Expenditure (by code)	Expenditure Nu (if applicable)	unber		vith Referendum's	?	Amount O	bligated	
Name of Creditor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	econdagaith a Geoladachta dhadh an 1969 Reith	and a strength of the strength		eggenede (eggenede) eggenede (eggenede) eggenede (eggenede) eggenede (eggenede) eggenede (eggenede) eggenede (Date	Obligated	
Street Address		City				State	Zip Code	
Independent Expenditure on behalf of more than one candidate? Description Yes No If yes, complete Section B. Addendum								
Name of Candidate (only c:omplete if Independent Expenditure is on behalf of ONE candidate)	ate—if more than one,	Complete Section	n B. Addendum)	Office Sought			☐ Supported ☐ Opposed	
Purpose of Expenditure (by code)	Expenditure Nu (if applicable)	ımber	1	vith Referendum es 🔲 No	?	Amount O	bligated	
SUBTOTAL Section B This Page					\$0.00			
TOTAL of additional Section B. Pages					\$0.00	and the second s	anna ann ann ann ann ann ann ann ann an	
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BY PERSON DURING THIS PERIOD BUT NOT PAID (Enter total on Column A, Line 9)				and the state of t	\$0.00			
Previous Reported Independent Expenditures Unpaid and Still Outstanding				standing	\$0.00			
TOTAL OF ALL INDEPENDENT EXPEND	DITURES OI			OT PAID mn A, Line 10)	\$0.00			

SEEC FORM 26—SHORT FORM INDEPENDENT EXPENDITURES

NAME OF PERSON MAKE	NG INDEPENDENT EXPENDITURE (As reporte	ed on Page I, Line I) TYP	E OF REPO	RT				
National Shooting Sports Foundation, Inc.					24 Hour IE Report For Election			
	C. Itemization of F	Reimbursements						
Name of Individual Reimbursed								
Name of Vendor, Person or Entity Paid	l by Individual			······································				
Name of vendor, reison on Lamby Law	i oy museliduas							
Street Address of Vendor, Person or E	ntity Ci	ity			State	Zip Code		
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)				nditure Nun licable)	nber		
Description			A A VA		Am	OUBt		
Name of Individual Reimbursed		uuruuruurimthaljuururuleidee muselläädeideleideleideiden ja						
1								
Name of Vendor, Person on Entity Paid	l by Individu a l							
Street Address of Vendor, Person or E	ntity	ity			State	Zip Code		
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)				nditure Nur licable)	nber		
Description					Апа	ount		
Name of Individual Reimbursed			ini en		-	and a committee of the description of the committee of th		
Name of Vendor, Person or Entity Pai	d by Individual							
Street Address of Vendor, Person or E	ntity C	ity			State	Zip Code		
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)			Exp (if app	enditure Nu dicable)	mber		
Description					Am	ount		
	SUBTOT	AL Section C This Page	\$0.	00				
	TOTAL of ac	dditional Section C. Pages	\$0.	00				
	TOTAL OF A	ALL REIMBURSEMENT	\$ \$0.	00				

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☐ See Additional Page(s)

4/-14/1-4/14/14/14/14/14/14/14/14/14/14/14/14/14		
NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE O	F REPORT	
D. Covered Transfers in Excess of \$5,000		
	www.components.com.com.com.com.com.com.com.com.com.com	Physical Company (1997)
If the independent expenditures reported in this form were made or obligated to be made on of hundred and eighty (180) days prior to the applicable primary or election, you must report any during the twelve month period prior to the applicable primary or election that are five thousand aggregate.	y "covered trar	nsfers" received
One or more of the pertinent covered transfers have been reported to the Federal El Internal Revenue Service (IRS) and the person filing this form has submitted a copy of lieu of reporting such covered transfers here.		-
If this box is checked please list the applicable FEC Filer ID Number or IRS Employer Identi	fication Numb	er here:
FEC Filer ID or IRS EIN#		
Note: Any covered transfers occurring within the relevant time period and not reported filings must be reported below.	l on the attacl	ned FEC or IRS
Source of Covered Transfer—Name of Person Making Covered Transfer		
Journal of College Hamilton 1 with Hamilton Hamilton		
Address of Person Makings Covered TransferCity	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		
Journal of Covered Hallston (Amine of Individual Will Organica Check of Additionable Covered Hallston	•	Amount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Makings Covered TransferCity	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	<u>l</u>	 Amount
	•	z moune
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Makings Covered TransferCity	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	<u> </u>	Amount
	•	·

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NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE O	F REPORT			
E. Five Largest Covered Transfers Disclosed in Communic	ation			
If the independent expenditure reported in this form was for a communication made or obligate that is nine ty (90) days immediately prior to the applicable primary or election, please re "covered transfers" received during the received during the twelve month period prior to the	port the fiv	e larges	t aggre	egate
Source of Covered Transfer—Name of Person Making Covered Transfer	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Expenditu	re Number	- Anna de de la Company de la
•		Section	Į,	Number
Address of Person Making; Covered Transfer—City	State		Zip Code	
Source of Covered Transfer.—Name of Individual who Signed Check or Authorized Covered Transfer	<u> </u>	Amou	ınt	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditu Section	re Number	: Number
Address of Person Makings Covered TransferCity	State		Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amou	nent .	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditu Section	re Number	T Number
Address of Person Making Covered Transfer—City	State		Zîp Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amoı	ent	
Source of Covered Transfex—Name of Person Making Covered Transfer		Expenditu Section	ire Number	r Number
Address of Person Making; Covered Transfer—City	State		Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amou	int	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditu Section	ire Numbe	r Number
Address of Person Makings Covered Transfer—City	State		Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amou	ant	mm/sek4GAUkhohkoGSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS

	see	Add	litio	nal	Pag	re(s	Ì
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NAME OF PERSO N MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TY	PE OF REPOR	T	

F. Nesting Dolls Provision for Top 5 Covered Transfers Disclosed	in Commu	nication	NATIONAL NATIONAL PROPRIESTO PORTO P
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making; Covered Transfer—City (if known)	C+	tate	Zip Code
Audicos of Leader Marrings Covered Hausiar—City (I) Anothy	**************************************		Lip Codo
Name of Person Receivings Covered Transfer as Reported in Section E.	Expenditure Ni	umber	
Name of Person Making C'overed Transfer to Person Reported in Section E.	ouzagunus, open szépénéndenületésésésésésésésésésésésésésésésésésésés	u karenamaran ma	
Address of Person Making; Covered Transfer—City (if known)	St	tate	Zip Code
Name of Person Receiving; Covered Transfer as Reported in Section E.		Expenditure N	lumber
Name of Person Making C'overed Transfer to Person Reported in Section E.			
Address of Person Making; Covered Transfer—City (if knuwn)	St	tate	Zip Code
Name of Person Receiving; Covered Transfer as Reported in Section E.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Expenditure N	umber
Name of Person Making C'overed Transfer to Person Reported in Section E.			
Address of Person Making; Covered Transfer—City (if known)	St	tate	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	umber
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making; Covered Transfer—City (if known)	St	tate	Zip Code
Name of Person Receiving; Covered Transfer as Reported in Section E.	Expenditure Number		
Name of Person Making C'overed Transfer to Person Reported in Section E.			
Address of Person Making; Covered Transfer—City (if lenown)	St	fate	Zip Code
Name of Person Receiving; Covered Transfer as Reported in Section E.		Expenditure N	umber
	oninginamental militari interis		