

SEEC FORM 26 — LONG FORM
Independent Expenditure Statement for Persons
(Other than Connecticut Political Committees)



149014

10/28/2014 6:02 PM

Original
 Amendment

Revised August 2014

Official Use Only

Page 1 of 8

1. NAME OF PERSON MAKING INDEPENDENT EXPENDITURE		1a. ACRONYM	2. TAX EXEMPT STATUS	
National Rifle Association of America Political Victory Fund - Federal PAC			<input type="checkbox"/> 501(c) <input type="checkbox"/> 527 <input type="checkbox"/> Other _____	
3. MAILING ADDRESS OF PERSON				
Street Address 11250 Waples Mill Road		City Fairfax,	State VA	Zip Code 22030
4. PRINCIPAL BUSINESS ADDRESS OF PERSON (if applicable)				
Street Address same		City	State	Zip Code
5. CEO OR FUNCTIONAL EQUIVALENT OF PERSON (referenda independent expenditures only)				
First Name Chris . .	MI W.	Last Name Cox		Suffix
Title Executive Director				
6. TELEPHONE & EMAIL ADDRESS OF CEO OR FUNCTIONAL EQUIVALENT OF PERSON (referenda independent expenditures only)				
(Telephone with Area Code) 703-267-1140		Email Address rsmith@nrahq.org		
7. NAME OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS (for persons other than individuals)				
First Name Mary Rose	MI	Last Name Adkins		Suffix
Title Fiscal Officer				
8. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO FILE (for persons other than individuals)				
(Telephone with Area Code) 703-267-1155		Email Address madkins@nrahq.org		
9. NAME OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT				
Kristi Novin				
10. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT				
Street Address 7 Kyle Court		City Oxford	State CT	Zip Code 06478
11. TELEPHONE & EMAIL ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT				
(Telephone with Area Code)		Email Address		
12. BRIEF DESCRIPTION OF REFERENDUM QUESTION (referenda independent expenditures only)				13. POSITION
				(referenda independent expenditures only) <input type="checkbox"/> Support <input type="checkbox"/> Oppose
14. STATE OR POLITICAL SUBDIVISION (referenda independent expenditures only)				
<input type="checkbox"/> State <input type="checkbox"/> Political Subdivision(s): <i>(Please report the town or towns in which the question is being voted on)</i>				

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
National Rifle Association of America Political Victory Fund				24 Hour Independent Expendit	
A. Independent Expenditures Made by Person					
Name of Payee					Date of Expenditure
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 A. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. 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		Amount	
Name of Payee					Date of Expenditure
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 A. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. 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		Amount	
Name of Payee					Date of Expenditure
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 A. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. 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		Amount	
Name of Payee					Date of Expenditure
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 A. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. 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		Amount	
SUBTOTAL Section A. - This Page					-0-
TOTAL of additional Section A. Pages					-0-
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY PERSON THIS PERIOD <i>(Enter total on Column A, Line 19)</i>					-0-

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>			TYPE OF REPORT	
National Rifle Association of America Political Victory Fund Federal PAC			24 Hour IE General	
B. Independent Expenditures Obligated by Person this Period but Not Paid				
Name of Creditor Master Print, Inc.				Date Obligated 10/27/2014
Street Address 2401 Terminal Road		City Newington	State VA	Zip Code 22122
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>	Description Print 4 color postcards			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i> Dannel Malloy			Office Sought Governor	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i> A-DM	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount Obligated 3,349.88	
Name of Creditor Prolist, Inc.				Date Obligated 10/27/2014
Street Address 8341 Beechcraft Avenue		City Gaithersburg	State MD	Zip Code 20879
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>	Description Postage & Labor to mail postcards			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i> Dannel Malloy			Office Sought Governor	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i> A-DM	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount Obligated 39,378.54	
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	Amount Obligated	
SUBTOTAL Section B. - This Page		42,728.42		
TOTAL of additional Section B. Pages		-0-		
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BY PERSON DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Column A, Line 20)</i>		42,728.42		
Previous Reported Independent Expenditures Unpaid and Still Outstanding		-0-		
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BUT NOT PAID <i>(Enter total on Column A, Line 21)</i>		42,728.42		

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
National Rifle Association of America Political Victory Fund		24 Hour IE General	
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 <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
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 <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
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 <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
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 <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description			Amount
SUBTOTAL Section C. - This Page		-0-	
TOTAL of additional Section C. Pages		-0-	
TOTAL OF ALL REIMBURSEMENTS		-0-	

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT
National Rifle Association of America Political Victory Fund	24 Hour IE General

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		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	
National Rifle Association of America Political Victory Fund		24 Hour IE General	
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 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 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		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section 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		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section 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		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section 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		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section 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		Amount	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section 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		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	
National Rifle Association of America Political Victory Fund		24 Hour IE General	
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 <i>(if known)</i>		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 <i>(if known)</i>		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 <i>(if known)</i>		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 <i>(if known)</i>		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 <i>(if known)</i>		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 <i>(if known)</i>		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 <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Number	

See Additional Page(s)