24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Valor Fund	
	C C00584755
Check if X 24-hour report 48-hour report New report Amends report file	ed on
Full Name of Payee	Date of Public Distribution/Dissemination
Election Connections	M M / D D / Y Y Y Y
Mailing Address PO Box 10866	11 03 2016
	Amount
City State Zip Code	4286.69
Tallahassee FL 32302	Transaction ID : SE.4320 Date of Disbursement or Obligation
Purpose of Expenditure GOTV Calls Category/ Type 004	11 04 2016
Name of Federal Candidate Support Offi	ice Sought:
MAST, BRIAN, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General Other (specify) Other
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	T
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dis	sbursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	4286.69
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Europelituus	
(c) TOTAL Independent Expenditures	4286.69
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Gillis, Adam, , ,	M = M / D = D / Y = Y = Y
[Electronically Filed] Date	11 04 2016