24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL CAMPAIGN	
	C C00563759
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Political Issue Advocacy LLC	09 05 2016
Mailing Address 519 W. 22nd St Suite 100	09 03 2010
	Amount
City State Zip Code	130000.00
Sioux Falls SD 57105	Transaction ID : SE.4714
Purpose of Expenditure	Date of Disbursement or Obligation
Phone Banks Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: House District:
HILLARY RODHAM CLINTON	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary X General
Per Election for Office Sought 0.00 2016	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
	ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	130000.00
(4) 002 00 112 of 100	130000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	130000.00
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Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	09 02 2016
Signature	