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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) NATIONAL CAMPAIGN	FEC IDENTIFICATION NUMBER ▼ C C00563759
Check if 24-hour report	
Full Name of Payee Political Issue Advocacy LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 519 W. 22nd St Suite 100	Amount
City State Zip Code	130000.00
Sioux Falls SD 57105	Transaction ID : SE.4708 Date of Disbursement or Obligation
Purpose of Expenditure Phone banks Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	Office Sought: House District:
HILLARY RODHAM CLINTON Oppose	President Senate State:
Calcinati Total To Bato	Disbursement For: Primary X General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	130000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	130000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ann Mattson [Electronically Filed] Date	08 19 2016
Signature	