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Image# 14978429464 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Campaign	FEC IDENTIFICATION NUMBER ▼
National Campaign	C C00563759
Check if X 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Political Issue Advocacy LLC	Date of Public Distribution/Dissemination
Mailing Address 1741 S. Cleveland Ave., Suite 199	Amount
City State Zip Code	15448.13
Sioux Falls SD 57103	Transaction ID : SE.4558 Date of Disbursement or Obligation
Purpose of Expenditure Phone banks Category/ Type	
Name of Federal Candidate Support Office	e Sought: House District:
Joni Ernst Oppose	President X Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary X General
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office Oppose Office	e Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	15448.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	15448.13
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	10 / D D / Y Y Y Y 2014