24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E) PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼	
Valor Fund	C C00584755
	M = M / D = D / Y = Y = Y
Check if X 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Frontline Strategies	Date of Public Distribution/Dissemination
	08 16 2016
Mailing Address PO Box 1491	Amount
City State Zip Code	20000.00
Tallahassee FL 32302	Transaction ID : SE.4236 Date of Disbursement or Obligation
Purpose of Expenditure Robocalls Category/ Type	004 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Su	pport Office Sought: X House District: 18
BRIAN MAST Op	pose President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 119221.86	Disbursement For:
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 Cotogony	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Su	pport Office Sought: House District:
O _F	ppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	20000.00
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.	
Adam Gillis [Electronically Filed]	Date 08 17 2016
Signature	