10/22/2014 19 : 33

Image# 14952374592 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)				
	lational 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		10 / 27 / 2014	
	Maining Addresse 1741 S. Cleveland Ave., Suite 199		Amount	
	City State	Zip Code	17062.50	
	Sioux Falls SD	57103	Transaction ID : SE.4573 Date of Disbursement or Obligation	
	Purpose of Expenditure Phone banks	Category/ Type		
	Name of Federal Candidate	X Support	Office Sought: House District:	
	Bill Cassidy	Oppose	President X Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought	17062.50	Disbursement For: Primary X General 2014 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		
			Date of Dickursement or Obligation	
	Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation	
	Name of Federal Candidate	Support	Office Sought: House District:	
		Oppose	President Senate State:	
	Calendar Year-To-Date		Disbursement For: Primary General	
┛	Per Election for Office Sought		Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures				
((b) SUBTOTAL of Unitemized Independent Expenditures			
((c) TOTAL Independent Expenditures		17062.50	
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	nically Filed]	e 10 22 2014	
	Signature	Date		