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 X 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Political Issue Advocacy LLC	08 15 2016
Mailing Address 519 W. 22nd St Suite 100	
	Amount
City State Zip	Code 130000.00
Sioux Falls SD 571	7
Purpose of Expenditure	Date of Disbursement or Obligation
Phone banks	tegory/ Type
Name of Federal Candidate	Support Office Sought: House District:
HILLARY RODHAM CLINTON	Oppose President Senate State:
Calendar Year-To-Date	Disbursement For: Primary 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 Y
Mailing Address	
	Amount
City State Zip	Code
Purpose of Expenditure	Date of Disbursement or Obligation
Ca	tegory/ Type
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
To Estate to Stage	Other (specify)
(a) SUPTOTAL of Itamized Independent Expanditures	400000 00
(a) SUBTOTAL of Itemized Independent Expenditures	130000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(-,	7 7 7
(c) TOTAL Independent Expenditures	130000.00
	100000.00
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	M M / D D / Y Y Y Y
[Electronically Filed] Date 08 12 2016 Signature	
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