24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE	E OF FORM 24/48
NAME OF COMMITTEE (In Full) Valor Fund FEC IDENTIFICATION NUMBER ▼		
Valor Fund	C C005847	'55
M M / D D / Y Y Y Y		
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Election Connections	Date of Public Distribu	
Mailing Address PO Box 10866	11 04	2016
TO BOX 10000	Amount	
City State Zip Code		8340.48
Tallahassee FL 32302	Transaction ID : SE.4 Date of Disbursement	
Purpose of Expenditure GOTV Calls Category, Type	// 004	
Name of Federal Candidate	Support Office Sought: X House	e District: 18
MAST, BRIAN, , ,	Oppose President Senat	e State: FL
Calendar Year-To-Date Per Election for Office Sought 50497.74		mary X General
Full Name of Payee	Date of Public Distribu	ution/Dissemination
	M = M / D = D	/
Mailing Address	Amount	
City State Zip Code		
	Date of Disbursement	or Obligation
Purpose of Expenditure Category, Type	// M = M / D = D	_
Name of Federal Candidate	Support Office Sought: House	e District:
	Oppose President Senat	te State:
Calendar Year-To-Date	Disbursement For: Prin	mary General
Per Election for Office Sought	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	>	8340.48
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	8340.48
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.		
Gillis, Adam, , , [Electronically Filed]	Date 11 05	^Y 2016
Signature		