24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NATIONAL CAMPAIGN	
	C C00563759
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Political Issue Advocacy LLC	M M / D D / Y Y Y Y
Mailing Address 519 W. 22nd St Suite 100	09 19 2016
	Amount
City State Zip Code	200000.00
Sioux Falls SD 57105	Transaction ID : SE.4720
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Phone banks Type	
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY RODHAM CLINTON	President Senate State:
	ursement For: Primary X General
Per Election for Office Sought 0.00 2016	
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 Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	200000.00
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	200000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m	•
with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	r, or (If the reporting entity is not a political
Ann Mattson [Electronically Filed] Date	09 16 2016
Signature	2010