

FROM :

FAX NO. : 2026754703

Sep. 02 2016 03:09PM P1

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NRSC</b>		FEC IDENTIFICATION NUMBER <b>C 00027466</b>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y

Full Name of Payee <b>DEL RAY MEDIA</b>		Date of Public Distribution/Dissemination 09 / 02 / 2016
Mailing Address <b>1427 LESLIE AVE.</b>		Amount 4000.00
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22301</b>
Purpose of Expenditure <b>DIGITAL MEDIA PRODUCTION</b>	Category/Type	Transaction ID : <b>SE24-1.0001</b> Date of Disbursement or Obligation 09 / 02 / 2016
Name of Federal Candidate <b>CATHERINE CORTEZ MASTO</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought	<b>2960808.29</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	4000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures.....	▶	4000.00

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.

Signature WILLIAM K OZANUS *William K O*

Date 09 / 02 / 2016

**Via FAX**

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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N/A PREPARER	N/A DATE PREPARED

(8/2013)