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)		FEC IDENTIFICATION NUMBER ▼
For Our Future		
		C C00620971
Check if 24-hour report		
Full Name of Payee		Date of Public Distribution/Dissemination
GMMB x *		08
Mailing Address 3050 K St NW		Amount
Ste 100		
City State Zip C Washington DC 2000		43000.00 Transaction ID : VSG8M9S3GT3
11459.01		Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Digital Advertising Production Cate	egory/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office	Sought: House District:
DONALD J. TRUMP		President Senate State:
	Disburs 2016	sement For: Primary Seneral
5.00		Other (specify)
Full Name of Payee Rising Tide Interactive x		Date of Public Distribution/Dissemination 08 28 2016
Mailing Address 1250 H St NW		20 20 2010
		Amount
City State Zip C	Code	20250.00
Washington DC 2000		Transaction ID : VSG8M9S3GS5 Date of Disbursement or Obligation
Purpose of Expenditure Cate	agory/	M M / D D / Y Y Y Y
Estimated Cost for Digital Advertising Buy	Type 004	
Name of Federal Candidate	Support Office	Sought: House District:
DONALD J. TRUMP	X Oppose X	President Senate State:
Calendar Year-To-Date		sement For: Primary X General
Per Election for Office Sought 730	342.38 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
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.		
Shirin Bidel-Niyat [Electronically I	Filed] Date 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		