

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Majority Forward**

(b) Address (number and street) check if different than previously reported
700 13th Street NW, Suite 600

(c) City, State and ZIP Code
Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30002802

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
07 / 26 / 2018
through
MM / DD / YYYY
07 / 28 / 2018

5. (a) Date of Public Distribution(s) MM / DD / YYYY 07 / 26 / 2018 (b) Communication Title Vetoed

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Poersch, J.B., , ,

(b) Address (number and street)
700 13th Street NW, Suite 600

(c) City, State and ZIP Code
Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation
Majority Forward President

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,2754571.05

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Poersch, J.B., , ,

SIGNATURE Poersch, J.B., , , [Electronically Filed] DATE 07/27/2018

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
 (use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Poersch, J.B., , ,	Transaction ID : F91.000001
	(b) Address (number and street)	700 13th Street NW, Suite 600
	(c) City, State and ZIP Code	Washington DC 20005
	(d) Name of Employer or Principal Place of Business	(e) Occupation
	Majority Forward	President
B.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
C.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies</p> <hr/> <p>Mailing Address of Payee 3050 K Street NW, Suite 100</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20007</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Employer</td> <td style="width:33%;">Occupation</td> </tr> <tr> <td>N/A</td> <td>N/A</td> </tr> </table> <hr/> <p>Purpose of Disbursement (Including title(s) of communication(s)) Media Buy and Production Costs - Estimate for "Vetoed"</p>	City	State	Zip Code	Washington	DC	20007	Name of Employer	Occupation	N/A	N/A	<p>Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2018</p> <hr/> <p>Amount 2754571.05</p> <hr/> <p>Communication Date MM / DD / YYYY 07 / 26 / 2018</p> <hr/> <p>Transaction ID : F93.000001</p>																																								
City	State	Zip Code																																																	
Washington	DC	20007																																																	
Name of Employer	Occupation																																																		
N/A	N/A																																																		
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate Scott, Rick, , ,</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House</td> <td style="width:15%;">State: <u>FL</u></td> <td style="width:22%;">Disbursement/Obligation For: 2018</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Senate</td> <td>District: _____</td> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> President</td> <td></td> <td><input type="checkbox"/> Other (specify) ▶ _____</td> </tr> </table> <p>Transaction ID : F94.000002</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House</td> <td style="width:15%;">State: _____</td> <td style="width:22%;">Disbursement/Obligation For:</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Senate</td> <td>District: _____</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> President</td> <td></td> <td><input type="checkbox"/> Other (specify) ▶ _____</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House</td> <td style="width:15%;">State: _____</td> <td style="width:22%;">Disbursement/Obligation For:</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Senate</td> <td>District: _____</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> President</td> <td></td> <td><input type="checkbox"/> Other (specify) ▶ _____</td> </tr> </table>	Name of Federal Candidate Scott, Rick, , ,	Office Sought:	<input type="checkbox"/> House	State: <u>FL</u>	Disbursement/Obligation For: 2018			<input checked="" type="checkbox"/> Senate	District: _____	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:			<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:			<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____	<p>Date of Disbursement or Obligation MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/> <p>Communication Date MM / DD / YYYY</p>					
Name of Federal Candidate Scott, Rick, , ,	Office Sought:	<input type="checkbox"/> House	State: <u>FL</u>	Disbursement/Obligation For: 2018																																															
		<input checked="" type="checkbox"/> Senate	District: _____	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																																															
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____																																															
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:																																															
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General																																															
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____																																															
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:																																															
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General																																															
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____																																															
<p>B. Full Name (Last, First, Middle Initial) of Payee</p> <hr/> <p>Mailing Address of Payee</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Employer</td> <td style="width:33%;">Occupation</td> </tr> </table> <hr/> <p>Purpose of Disbursement (Including title(s) of communication(s))</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House</td> <td style="width:15%;">State: _____</td> <td style="width:22%;">Disbursement/Obligation For:</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Senate</td> <td>District: _____</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> President</td> <td></td> <td><input type="checkbox"/> Other (specify) ▶ _____</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House</td> <td style="width:15%;">State: _____</td> <td style="width:22%;">Disbursement/Obligation For:</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Senate</td> <td>District: _____</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> President</td> <td></td> <td><input type="checkbox"/> Other (specify) ▶ _____</td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House</td> <td style="width:15%;">State: _____</td> <td style="width:22%;">Disbursement/Obligation For:</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Senate</td> <td>District: _____</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> President</td> <td></td> <td><input type="checkbox"/> Other (specify) ▶ _____</td> </tr> </table>	City	State	Zip Code	Name of Employer	Occupation	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:			<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:			<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:			<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____	<p>Date of Disbursement or Obligation MM / DD / YYYY</p> <hr/> <p>Amount</p> <hr/> <p>Communication Date MM / DD / YYYY</p>
City	State	Zip Code																																																	
Name of Employer	Occupation																																																		
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:																																															
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General																																															
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____																																															
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:																																															
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General																																															
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____																																															
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:																																															
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General																																															
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) ▶ _____																																															
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> <hr/> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	<p style="text-align: right;">2754571.05</p> <hr/> <p style="text-align: right;">2754571.05</p>																																																		