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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	C C00580068
Check if 24-hour report 48-hour report New report Amends report fi	led on Man / Dab / Yayayay
Full Name of Payee GetThru	Date of Public Distribution/Dissemination
Gerrina	09 21 2020
Mailing Address PO Box 2690	Amount
PO Box 2690	Amount
City State Zip Code	46684.13
Alameda CA 94501-0690	Transaction ID: VQZ6GAMYYV5  Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees  Category/ Type	09 21 / Y Y Y Y Y
Name of Federal Candidate Support Of	ffice Sought: House District: 00
BIDEN, JOSEPH R JR, , ,	▼ President Senate State:00
	sbursement For: Primary X General
Per Election for Office Sought 910452.69 20	Other (specify)  Other
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	09 21 / 2020
Mailing Address PO Box 2690	
PO Box 2690	Amount
City State Zip Code	3368.92
Alameda CA 94501-0690	Transaction ID: VQZ6GAMYYW3  Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees  Category/	M = M / D = D / Y = Y = Y
Type	09 21 2020
	ffice Sought: House District: 00
GREENFIELD, THERESA, , ,	President Senate State: IA
	isbursement For: Primary
	Curior (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	50053.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eignarty committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Pascal, Harry, , ,  [Electronically Filed] Date	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	C C00580068
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	of Public Distribution/Dissemination
GetThru	09 21 2020
Mailing Address PO Box 2690 Amou	unt
PO Box 2690	
	3822.85 saction ID : VQZ6GAMYYX1
Purpose of Expenditure	of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate  X Support Office Sough	ht: House District: 00
SMITH, TINA FLINT, , , Oppose President SMITH, TINA FLINT, , ,	MAN
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2020	nt For:
	of Public Distribution/Dissemination
Paychex	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S Amor	unt
City State Zip Code	106835.73
Rochester NY 14625-2311 Trans	action ID : VQZ6GAMYYR2 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls  Category/ Type	M 09 / 21 / Y 2020
Name of Federal Candidate X Support Office Soug	ht: House District: 00
BIDEN, JOSEPH R JR, , , Oppose President Presi	dent Senate State: 00
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2020	ent For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	110658.58
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Pascal, Harry, , , [Electronically Filed] Date 09	22 / 2020

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

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Progressive Turnout Project	C C00580068	
Check if 24-hour report 48-hour report New report Amends rep	port filed on M M / D D / Y Y Y Y Y	
Full Name of Payee Paychex	Date of Public Distribution/Dissemination	
•	09 / 21 / Y Y Y Y	
Mailing Address 911 Panorama Trl S	Amount	
City State Zip Code	8672.11	
Rochester NY 14625-2311	Transaction ID : VQZ6GAMYYS9  Date of Disbursement or Obligation	
Purpose of Expenditure Staff Time Phone Calls  Category/ Type	09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support	Office Sought: House District: 00	
GREENFIELD, THERESA, , ,	President Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 22037.19	Disbursement For:	
Full Name of Payee	Date of Public Distribution/Dissemination	
Paychex	09 / D D / Y Y Y Y Y Y 2020	
Mailing Address 911 Panorama Trl S	Amount	
City State Zip Code	8153.30	
Rochester NY 14625-2311	Transaction ID : VQZ6GAMYYT7  Date of Disbursement or Obligation	
Purpose of Expenditure Staff Time Phone Calls  Category/ Type	09 / 21 / Y 2020	
Name of Federal Candidate Support	Office Sought: House District: 00	
SMITH, TINA FLINT, , ,	President Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought  11976.15	Disbursement For:  Primary  General 2020  Gther (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 16825.41	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	177537.04	
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.		
Pascal, Harry, , ,  [Electronically Filed] Da	te 09 / 22 / 2020	
Signature		