Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	
	C C00580068
Check if X 24-hour report 48-hour report New report Amends report file	d on
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	M M / D D / Y Y Y Y
Mailing Address PO Box 2690	10 21 2020
PO Box 2690	Amount
City State Zip Code	6648.67
Alameda CA 94501-0690	Transaction ID : VQZ6GANCNN1 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/ Type	10 / 21 / 2020
Name of Federal Candidate Support Office	ce Sought: House District: 00
BIDEN, JOSEPH R JR, , ,	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought Dist 2026	oursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	10 21 2020
Mailing Address PO Box 2690	10 21 2020
PO Box 2690	Amount
City State Zip Code	917.69
Alameda CA 94501-0690	Transaction ID : VQZ6GANCNP9 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/ Time	M - M / D - D / Y - Y - Y
Туре	10 21 2020
Name of Federal Candidate Support Offi	ce Sought: House District: 00
JONES, DOUG, , ,	President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought Disl 202	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	7566.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
	4 4
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not new with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	•
Pascal, Harry, , , [Electronically Filed] Date	10 22 2020
Signature Date	2020

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	ort Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee GetThru		Date of Public Distribution/Dissemination
Gerrina		10 21 Y Y Y Y Y
Mailing Address PO Box 2690		Amount
PO Box 2690		Amount
City State	Zip Code	521.84
Alameda CA	94501-0690	Transaction ID : VQZ6GANCNQ7 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/ Type	10 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
KELLY, MARK, , ,	Oppose	President State: AZ
Calendar Year-To-Date	Disb	pursement For: Primary X General
Per Election for Office Sought	100965.06 2020	Other (specify)
Full Name of Payee GetThru		Date of Public Distribution/Dissemination
Gerrinu		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690		Amount
PO Box 2690		, unoun
City State	Zip Code	446.66
Alameda CA	94501-0690	Transaction ID : VQZ6GANCNR5 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/ Type	10 21 2020
Name of Federal Candidate	Support Office	ce Sought: House District:00
HICKENLOOPER, JOHN W., , ,	Oppose	President X Senate State: CO
Calendar Year-To-Date		pursement For: Primary X General
Per Election for Office Sought	101698.88	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	968.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Pascal, Harry, , , [Electron.] Signature	ically Filed] Date	10 22 2020
Signature		

Schedule E)	ADENI EXPEND	ITORES		PAGE 3 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Progressive Turnout Project			С	C00580068
Check if 24-hour report 48-hour report	ort New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
GetThru			10	21 2020
Mailing Address PO Box 2690			Amount	
PO Box 2690				
City	State	Zip Code		1515.36
Alameda	CA	94501-0690		ID: VQZ6GANCNT1 pursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	10	21 2020
Name of Federal Candidate		x Support	Office Sought:	House District:00
WARNOCK, RAPHAEL, , ,		Oppose	President	X Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		83514.98	Disbursement For: 2020	Primary General pecify) ▶ Special General
Full Name of Payee				lic Distribution/Dissemination
GetThru			M M M 10	/ D D / Y Y Y Y Y Y 2020
Mailing Address PO Box 2690			A	
PO Box 2690			Amount	
City	State	Zip Code		890.29
Alameda	CA	94501-0690		D: VQZ6GANCNV8 oursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	10 n	21 / 2020
Name of Federal Candidate		x Support	Office Sought:	House District: 00
GREENFIELD, THERESA, , ,		Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	,	38114.98	Disbursement For: 2020 Other (s	Primary X General specify) ►
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	2405.65
(b) SUBTOTAL of Unitemized Independent E	Expenditures		. •	
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Pascal, Harry, , ,	[Electron	ically Filed] Date	10 / 22	2020
Olynatul 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 filed of	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee GetThru		Date of Public Distribution/Dissemination
		10 21 2020
Mailing Address PO Box 2690		Amount
PO Box 2690		
1 .	Code	922.82
	01-0690	Transaction ID : VQZ6GANCNW6 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees Cat	tegory/ Type	10 21 2020
Name of Federal Candidate	✗ Support Office	Sought: House District:00
MCGRATH, AMY, , ,	Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 56	Disbur 2020	sement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
GetThru		10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690		
PO Box 2690		Amount
City State Zip (Code	314.57
Alameda CA 945	501-0690	Transaction ID : VQZ6GANCNX4 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	tegory/ Type	10 21 2020
Name of Federal Candidate		
GIDEON, SARA, , ,		Sought: House District: 00
- , - "" ", ',		President A Senate State.
Calendar Year-To-Date Per Election for Office Sought	14475.28 Disbut 2020	rsement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		1237.39
		7.1021
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures repowith, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Pascal, Harry, , , [Electronically	Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	PAGE 5 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	C C00580068
Check if X 24-hour report 48-hour report X New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Pate of Public Distribution/Dissemination
GetThru	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690	mount
PO Box 2690	
City State Zip Code	1324.47
	ransaction ID : VQZ6GANCNY2 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/ Type	10 21 2020
Name of Federal Candidate X Support Office States	ought: House District: 00
PETERS GARY	resident State: MI
Calendar Year-To-Date Per Election for Office Sought Disburse 2020	ement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	10 21 2020
Mailing Address PO Box 2690	
PO Box 2690	Amount
City State Zip Code	415.14
	ansaction ID : VQZ6GANCNZ0 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/ Type	10 21 / 2020
Name of Federal Candidate Support Office S	ought: House District: 00
BULLOCK STEVE	resident State: MT Senate
Calendar Year-To-Date Per Election for Office Sought Disburse 2020	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1739.61
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Pascal, Harry, , , [Electronically Filed] Date 10	22 2020

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	rt Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee GetThru		Date of Public Distribution/Dissemination
Gettilla		10 21 Y Y Y Y Y
Mailing Address PO Box 2690		Amount
PO Box 2690		Amount
1 ·	Zip Code	333.11
Alameda CA	94501-0690	Transaction ID : VQZ6GANCP08 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/ Type	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	✗ Support Offic	e Sought: House District: 00
SHAHEEN, JEANNE, , ,	Oppose	President X Senate State: NH
Calendar Year-To-Date	Disb	ursement For: Primary X General
Per Election for Office Sought	16173.03 2020	Other (specify)
Full Name of Payee GetThru		Date of Public Distribution/Dissemination
Gettillu		10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690		Amount
PO Box 2690		Amount
	Zip Code	1186.85
Alameda CA	94501-0690	Transaction ID: VQZ6GANCP16 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/ Type	10 21 2020
Name of Federal Candidate	X Support Office	ee Sought: House District:00
CUNNINGHAM, CAL, , ,	Oppose	President State: NC
Calendar Year-To-Date		pursement For: Primary X General
Per Election for Office Sought	122419.20	
(a) SUBTOTAL of Itemized Independent Expenditures		1519.96
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 1 7 1 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	• • • • • • • • • • • • • • • • • • • •
Pascal, Harry, , , [Electronic Signature	cally Filed] Date	10 22 2020
Oignature		

Schedule E)	.NI EXI END	HONLO		PAGE	7 OF 13 SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)					ICATION NUMBER	_
Progressive Turnout Project				C C0058		
Check if 24-hour report 48-hour report	X New rep	ort Amends rep		M / D	D / Y = Y = Y	
Full Name of Payee GetThru				of Public Distri	bution/Dissemination	Y
Mailing Address PO Box 2690			L	10 2	1 2020	_
PO Box 2690			Amou	nt		_
City	State	Zip Code			1561.28	
Alameda	CA	94501-0690		action ID : VQ of Disbursemen	Z6GANCPF6 nt or Obligation	
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		10 / 2		Ý
Name of Federal Candidate		x Support	Office Sough	it: Hou	ise District: 00	
OSSOFF, T. JONATHAN, , ,		Oppose	Preside	ent 🗶 Sen	ate State: GA	_
Calendar Year-To-Date Per Election for Office Sought	7	88128.18	Disbursemen 2020	t For: P	rimary X Genera	al —
Full Name of Payee			Date	of Public Distri	bution/Dissemination	
Paychex			7		D / Y Y Y Y	Υ
Mailing Address 911 Panorama Trl S			Amou	تا لت	1 2020	_
City	State	Zip Code			23661.08	٦
Rochester	NY	14625-2311	Transa Date	action ID : VQZ		
Purpose of Expenditure Staff Time Phone Calls		Category/ Type			D / Y Y Y	Y
Name of Federal Candidate		x Support	Office Sough	nt: Hou	use District: 00	_
BIDEN, JOSEPH R JR, , ,		Oppose	x Presid	ent Ser	nate State:00	
Calendar Year-To-Date Per Election for Office Sought		1820452.18	Disbursemer 2020	nt For: For: Forther (specify)	Primary X Gener	al —
() OUDTOTAL ()						_
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶		25222.36	_
(b) SUBTOTAL of Unitemized Independent Exper	nditures		··· >		4	
(c) TOTAL Independent Expenditures			··· •		4 1 4 1	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized					
Pascal, Harry, , ,	[Electron	nically Filed] Dat	e 10	22	2020	
Signature		_				

Schedule E)	ENT EXTEND	TIONES		PAGE 8 OF 13 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	X New rep	port Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Paychex			M	10 21 2020
Mailing Address 911 Panorama Trl S			Amour	nt
City	State	Zip Code	$-\Gamma$	2243.57
Rochester	NY	14625-2311		action ID : VQZ6GANCP32 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	M	10 21 / 2020
Name of Federal Candidate		✗ Support	Office Sought	t: House District:00
JONES, DOUG, , ,		Oppose	Preside	ent Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	, , ,	62562.58	Disbursement 2020 Ot	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
Paychex			М	10 21 Y Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S			Amou	nt
City	State	Zip Code	— I	3315.14
Rochester	NY	14625-2311		ction ID : VQZ6GANCP40 f Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	М	10 21 7 2020
Name of Federal Candidate		x Support	Office Sough	t: House District: 00
KELLY, MARK, , ,		Oppose	Preside	ent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	, , ,	100965.06	Disbursement 2020 O	t For:
(a) SUBTOTAL of Itemized Independent Expendent	ditures			5558.71
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Pascal, Harry, , ,	[Electron	nically Filed] Date	10 /	22 / Y Y Y Y Y Y Y
•				

Schedule E)	LIVI EXI EIVE	TIONES		PAGE 9 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Progressive Turnout Project			С	C00580068
Check if 24-hour report 48-hour report	▼ New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Paychex			10	/ 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S			Amount	
City	State	Zip Code		4074.47
Rochester	NY	14625-2311		ID: VQZ6GANCP57 pursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	10	/ D D / Y Y Y Y Y 2020
Name of Federal Candidate		x Support	Office Sought:	House District: 00
HICKENLOOPER, JOHN W., , ,		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	.,,	101698.88	Disbursement For: 2020 Other (s	Primary X General specify) ▶
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Paychex			10	/ D D / Y Y Y Y Y Y Y 2020
Mailing Address 911 Panorama Trl S			Amount	
City	State	Zip Code		3936.66
Rochester	NY	14625-2311		ID: VQZ6GANCP65 oursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	M 10	21 / 2020
Name of Federal Candidate		x Support	Office Sought:	House District:00
OSSOFF, T. JONATHAN, , ,		Oppose	President	Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		88128.18	Disbursement For: 2020 Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures			8011.13
(b) SUBTOTAL of Unitemized Independent Exp	andituras			
(b) SOBTOTAL OF OTHER MIZE OF THE PROPERTY EXP	criatares			4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Pascal, Harry, , , Signature	[Electron	nically Filed] Date	10 / 22	2020
· ·				

	include Ly			FOR SE O	F FORM 24	/48
	ME OF COMMITTEE (In Full)	F	EC ID	ENTIFICAT	ION NUMBI	ER ▼
٢	rogressive Turnout Project		C	C00580068		
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M	M /	D = D /	Y Y Y Y	Y
П	Full Name of Payee	Date of	Public	Distribution	n/Dissemina	tion
	Paychex	M 1		21	2020	Y
	Mailing Address 911 Panorama Trl S	Amount				
	City State Zip Code				3820.8	38
	Rochester NY 14625-2311			D: VQZ6GA		
	Purpose of Expenditure Staff Time Phone Calls Category/ Type	M 1	M /	21	2020	Y
	Name of Federal Candidate Support Office	Sought:		House	District:	00
	WARNOCK, RAPHAEL, , ,	Presiden	x	Senate	State:	GA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2020	rsement I		Primar	y Ge Special Gen	eneral eral
	Full Name of Payee Paychex Mailing Address 911 Panorama Trl S	Date of	Public		n/Dissemina 2020	Y Y
	5 TH anotama m 5	Amount	_			
	City State Zip Code				2152.1	19
				: VQZ6GA rsement or		
	Purpose of Expenditure Staff Time Phone Calls Category/ Type	1 1		21	2020	
	Name of Federal Candidate Support Office	Sought:		House	District:	00
	GREENFIELD, THERESA, , ,	Presiden	t X	Senate	State:	IA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2020			Primar	y 🗶 Ge	eneral
	(a) SUBTOTAL of Itemized Independent Expenditures		7		5973.0	7
	(b) SUBTOTAL of Unitemized Independent Expenditures		-7-			
	(c) TOTAL Independent Expenditures		-9-			
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.					
	Pascal, Harry, , , [Electronically Filed] Date 10		22		20	
	Signature					

PAGE 10

OF

13

Mailing Address 911 Panorama Trl S City State Zip Code 2736.19 Rochester NY 14825-2311 Name of Expenditure Staff Time Phone Calls Name of Federal Candidate X Support Office Sought: House District: 00 MCGRATH, AMY, Oppose President X Senate State: KY Calendar Year-To-Date Paryone of Expenditure Staff Time Phone Calls City State Zip Code Rochester NY 14625-2311 Full Name of Payee Paychex Mailing Address 911 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls City State Zip Code Rochester NY 14625-2311 Furnaction ID: VQZ6GANCPA7 Date of Public Distribution/Dissemination Purpose of Expenditure Staff Time Phone Calls Calegory/ Staff Time Phone Calls Calegory/ Staff Time Phone Calls Oppose Descenditure Staff Time Phone Calls Caledar Year-To-Date Staff Staff: ME Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Laddress Staff Staff: ME Under penalty of perjury I certify that the Independent expenditures reported herein were not made in cooperation, consultation, or concervitit, 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. [Electronically Filed] Date 10 22 2020		include Ly			FOR SE OF	FORM 24/48
Check if 24-hour report 48-hour report 2 New report Amends report filed on 48-hour report 48-hour report 2 New report 48-hour report			I	FEC I	DENTIFICATI	ON NUMBER ▼
Full Name of Payse Paychex Mailing Address 911 Panorama Trl S State Zip Code NY 14625-2311 Name of Federal Candidate NCGRATH, AMY Calendar Year-To-Date Paychex Mailing Address 911 Panorama Trl S City State Zip Code NY 14625-2311 Name of Federal Candidate NY Senate State: KY Calendar Year-To-Date Paychex Mailing Address 911 Panorama Trl S City State Zip Code NY 14625-2311 Full Name of Payse Paychex Mailing Address 911 Panorama Trl S City State Zip Code NY 14625-2311 Full Name of Payse Paychex Mailing Address 911 Panorama Trl S City State Zip Code NY 14625-2311 City State Zip City Code NY 14625-2311 City State Zip City City City Code NY 14625-2311 City	۲	rogressive rumout Project		С	C00580068	
Paychex Mailing Address g11 Panorama Tri S City State Zip Code Rochester NY 14625-2311 Purpose of Expenditure Staff Time Phono Calls Calegory Tippe Calendar Year-To-Date Paychex Mailing Address g11 Panorama Tri S Category Tippe Calendar Year-To-Date Paychex Mailing Address g11 Panorama Tri S Category Tippe Category Tippe Calendar Year-To-Date Paychex Mailing Address g11 Panorama Tri S Category Tippe Category Tippe Category Tippe Category Tippe Category Tippe Date of Disbursement or Obligation Process of Expenditure Staff Time Phono Calls Category Tippe Category	Ch	eck if 24-hour report 48-hour report New report Amends report filed		М	/ D = D /	Y Y Y Y Y
Mailing Address 911 Panorama Trl S City State Zip Code NY 14625-2311 Name of Federal Candidate MCGRATH, AMY Oppose President X Senate State: KY Category' Dispose of Pyees Paychex Category President X Senate State: KY Category Dodge President X Senate State: KY Category Dodge President X Senate State: ME Category President X Sen	٦		Date of	f Publ	ic Distribution	/Dissemination
City State Zip Code Rochester NY 14625-2311 Name of Federal Candidate MCGRATH, AMY Calendar Year-To-Date Payee Paychex Mailing Address 911 Panorama Trl S City State Zip Code NY 14625-2311 Furbose of Expenditure Staff Time Phone Calls NY 14625-2311 Transaction ID : V0256ANCP99 Date of Disbursement or Obligation Amount Transaction ID : V0256ANCP99 Date of Public Distribution/Dissemination N 10 21 2020 Amount Transaction ID : V0256ANCPA7 Transaction ID : V0256ANCPA7 Transaction ID : V0256ANCPA7 Date of Public Distribution/Dissemination N 10 21 2020 Name of Federal Candidate Staff Time Phone Calls NY 14625-2311 Transaction ID : V0256ANCPA7 Transaction ID : V0256ANCPA7 Date of Public Distribution/Dissemination N 10 21 2020 Amount Transaction ID : V0256ANCPA7 Transaction ID : V0256ANCPA7 Date of Public Distribution/Dissemination N 10 21 2020 Amount Transaction ID : V0256ANCPA7 Date of Public Distribution/Dissemination N 10 21 2020 Amount Transaction ID : V0256ANCPA7 Date of Public Distribution/Dissemination N 10 21 2020 Amount Transaction ID : V0256ANCP99 Date of Public Distribution/Dissemination N 10 21 2020 Amount Transaction ID : V0256ANCP99 Date of Public Distribution/Dissemination Transaction ID : V0256ANCP90 Date of Public Distribution/Dissemination Transaction ID : V0256ANCP90 Date of Public Distribution/Dissemination N 10 21 2020 Amount Transaction ID : V0256ANCP90 Date of Public Distribution/Dissemination Transaction ID : V02		·				2020
Rochester NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate MCGRATH, AMY, Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Staff Time Phone Calls City State Zip Code Rochester NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls Name of Pederal Candidate NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls NY 14625-2311 Name of Payee Paychex In a state Stat		машпд Address 911 Panorama Trl S	Amoun	t		
Rochester NY 14625-2311 Furnose of Expenditure Staff Time Phone Calls Name of Federal Candidate MCGRATH, AMY, Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Staff Time Phone Calls Support Office Sought: House District: Oo Oppose President X Senate State: KY Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Paychex Mailing Address 911 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Tansaction ID: V0Z6GANCPA7 Date of Public Distribution/Dissemination Amount Tansaction ID: V0Z6GANCPA7 Date of Disbursement For: Primary X General Candidate X Support Office Sought: House District: Oo Oppose President X Senate State: KY Tansaction ID: V0Z6GANCPA7 Date of Disbursement For: Office Sought: House District: Oo Oppose President X Senate State: KY Tansaction ID: V0Z6GANCPA7 Date of Disbursement For: Office Sought: House District: Oo Oppose President X Senate State: ME Calendar Year-To-Date Per Election for Office Sought Quantification ID: V0Z6GANCPA7 Date of Disbursement For: Office Sought: House District: Oo Oppose Office Sought: House District: Oo Office Sought: House District:		City State Zip Code				2736.19
Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate MCGRATH, AMY Calendar Year-To-Date Praychex Name of Payee Paychex Malling Address 911 Panorama Trl S City Rochester NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls NY 14625-2311 Name of Payee Purpose of Expenditure Staff Time Phone Calls NY 14625-2311 Name of Payee Purpose of Expenditure Staff Time Phone Calls NY 14625-2311 Category/ Type Name of Federal Candidate I Support Office Sought: Office Sought: Transaction ID: VQZ6GANCPA7 Date of Dublic Distribution/Dissemination 10 21 2020 Amount Transaction ID: VQZ6GANCPA7 Date of Dublic Distribution/Dissemination 10 21 2020 Amount Category/ Type Name of Federal Candidate I Support Office Sought: Oppose President I Senate State: ME Calendar Year-To-Date Per Election for Office Sought 24475.28 Disbursement For: Primary General Candidate (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer 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. Passal, Harry [Electronically Filed] Date 10 22 2020 Other (specify) >						NCP99
MCGRATH, AMY, Calendar Year-To-Date Per Electron for Office Sought Full Name of Payee Paychex Mailing Address g11 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate GIDEON, SARA, Calendar Year-To-Date President X Senate State: KY Date of Public Distribution/Dissemination Transaction D: VOZ6GANCPA7 Date of Disbursement or Obligation Transaction		Staff Time Phone Calls	М	- M	/ D D /	YYYY
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Paychex Mailing Address 911 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Transaction ID : VQZ56ANCPA7 Date of Disbursement For: Primary X Genera Amount City State Zip Code Rochester NY 14625-2311 Transaction ID : VQZ56ANCPA7 Date of Disbursement or Obligation In 10 21 2020 Amount City State Zip Code Transaction ID : VQZ56ANCPA7 Date of Disbursement or Obligation In 10 21 2020 Amount City State Zip Code Transaction ID : VQZ56ANCPA7 Date of Disbursement or Obligation In 10 21 2020 Amount Category/ Type 10 10 22 2020 Name of Federal Candidate GIDEON, SARA,,, Oppose President X Senate State: ME Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office		Name of Federal Candidate Support Office	∋ Sought:	: [House	District: 00
Per Election for Office Sought Full Name of Payee Paychex Malling Address 911 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate GIDEON, SARA, Oppose Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per I		MCGRATH, AMY, , ,	Presider	nt [X Senate	State: KY
Full Name of Payee Paychex Mailing Address 911 Panorama Trl S Amount City State Zip Code Rochester NY 14625-2311 Furpose of Expenditure Staff Time Phone Calls Name of Federal Candidate GIDEON, SARA, Calendar Year-To-Date Per Election for Office Sought C		Calcillati Total To Bate			,	x General
Paychex Mailing Address 911 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate GIDEON, SARA, , Oppose Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (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 concerwith, 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] Date Amount Transaction ID: VOZ5GANCPA7 Date of Disbursement For: Ooffice Sought: House District: 00 Office Sought: House District: 00 Disbursement For: Primary IV General Calendary Control Control Calendary IV General Calendary Control Calendary Control Calendary Cal						/Dia ' ''
Mailing Address 911 Panorama Trl S City State Zip Code NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate GIDEON, SARA, ,			M	- M	/ D D /	Y Y Y Y Y
Rochester NY 14625-2311 Transaction ID: VQ26GANCPA7 Date of Disbursement or Obligation Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate GIDEON, SARA, ,		Mailing Address 911 Panorama Trl S		-	21	2020
Purpose of Expenditure Staff Time Phone Calls Category/ Type Office Sought: House District: 00 President X Senate State: ME Calendar Year-To-Date Per Election for Office Sought (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 concerwith, 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. Date 10 Disbursement or Obligation M M M M M M M M M M M M M M M M M M M		City State Zip Code				1035.41
Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate GIDEON, SARA,						
GIDEON, SARA, , , Oppose President Senate State: ME Calendar Year-To-Date Per Election for Office Sought 24475.28 Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures		Staff Time Phone Calls	M	- M	/ D D /	YYYY
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		* Support Office	e Sought	: [House	District: 00
Per Election for Office Sought 24475.28 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		GIDEON, SARA, , ,	Preside	nt [X Senate	State: ME
(b) SUBTOTAL of Unitemized Independent Expenditures		2020)			/ X General
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] Date Date		(a) SUBTOTAL of Itemized Independent Expenditures			7	3771.60
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer 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] Date Page P		(b) SUBTOTAL of Unitemized Independent Expenditures				
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] Date		(c) TOTAL Independent Expenditures			7	
[Electronically Filed] Date 10 22 2020	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either				
F Bate FF ==================================		[F1 - 4 1 1 1 - 1]				
Signature — — — — — — — — — — — — — — — — — — —		Signature	_			

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Schedule E)	LXI LINDI	TOTILO		PAGE 12 OF 13 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	X New repo	ort Amends repo		M
Full Name of Payee			Date	of Public Distribution/Dissemination
Paychex				10 21 / 2020
Mailing Address 911 Panorama Trl S			Amou	ınt
City	tate	Zip Code		2485.31
	NY	14625-2311		saction ID: VQZ6GANCPB5 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		10 21 2020
Name of Federal Candidate		x Support	Office Sough	nt: House District: 00
PETERS, GARY, , ,		Oppose	Presid	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	,	155532.32	Disbursemer 2020 C	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Paychex				10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S			Amou	unt
City	State	Zip Code	$-\Gamma$	1378.29
	NY	14625-2311		action ID : VQZ6GANCPC3 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		10 21 2020
Name of Federal Candidate		x Support	Office Sough	nt: House District: 00
BULLOCK, STEVE, , ,		Oppose	Presid	lent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		15207.82	Disbursemer 2020	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures				3863.60
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	s		•	1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			· [7 7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Pascal, Harry, , , Signature	[Electroni	cally Filed] Date	10	22 / 2020
y				

		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		M
Full Name of Payee	Date	of Public Distribution/Dissemination
Paychex		10 21 2020
Mailing Address 911 Panorama Trl S	Amou	nt
City State Zi	p Code	842.43
*	4625-2311 Trans	eaction ID : VQZ6GANCPD1 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		10 21 2020
Name of Federal Candidate	✗ Support Office Sough	it: House District: 00
SHAHEEN, JEANNE, , ,	Oppose Presid	ent Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	16173.03 Disbursemer 2020	nt For: Primary
Full Name of Davis		
Full Name of Payee Paychex	_	of Public Distribution/Dissemination
Mailing Address 911 Panorama Trl S	Amou	10 21 2020 unt
City State Z	ip Code	3090.67
	4625-2311 Transa	action ID : VQZ6GANCPE9 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		10 / 21 / 2020
Name of Federal Candidate	x Support Office Sough	nt: House District: 00
CUNNINGHAM, CAL, , ,	Oppose Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2020	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	3933.10
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures	·	71771.04
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, , , [Electronica	lly Filed] Date 10	22 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature		

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