Schedule E)	PAGE 1 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
For Our Future	C C00620971
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 AFSCME Special Account	Date of Public Distribution/Dissemination
[MEMO ITEM] * Mailing Address 1625 L St NW	11 01 / 2016
	Amount
City State Zip Code	4400.00
	Transaction ID: VSG8M9TVR05 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Received: Voter Outreach Calls Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office S	ought: House District:
FEINGOLD, RUSSELL DANA, , , Oppose Pr	resident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary X General Other (specify) ▶
	Date of Public Distribution/Dissemination
AFSCME Special Account [MEMO ITEM] *	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1625 L St NW	Amount
City State Zip Code	2000.00
	ransaction ID: VSG8M9TVR13 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Received: Voter Outreach Calls Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office S	Sought: House District:
Johnson, Ronald Harold, , ,	resident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For:
(a) SUPTOTAL of Itamized Independent Evrenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	0
(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, or party committee) any political party committee or its agent.	
Bidel-Niyat, Shirin, , , [Electronically Filed] Date Signature	/ 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	PAGE 2 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
For Our Future	C C00620971
Check if X 24-hour report 48-hour report New report Amends report f	iled on Man / Dab / Yayayay
Full Name of Payee AFSCME Special Account	Date of Public Distribution/Dissemination
Mailing Address 1625 L St NW	11 01 2016 Amount
City State Zip Code Washington DC 20036-5665	1600.00 Transaction ID : VSG8M9TVR21
Purpose of Expenditure La Kind Received: Veter Outroach Calls Category/	Date of Disbursement or Obligation
Name of Foderal Condidate	ffice Sought: House District:
TRUMP, DONALD J., , ,	X President Senate State:
Calcillati Ical Ic Batc	isbursement For:
Full Name of Payee Centaur North Strategies	Date of Public Distribution/Dissemination
Mailing Address PO Box 1474	Amount
City State Zip Code Whittier CA 90609-1474	3878.20 Transaction ID : VSG8M9TVQK2
Purpose of Expenditure Direct Mail Services Category/ O04	Date of Disbursement or Obligation
Name of Federal Candidate Support O	ffice Sought: House District:
HECK, JOE, , , Oppose	President X Senate State: NV
	isbursement For: Primary General 016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3878.20
(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 eigenty committee) any political party committee or its agent.	
Bidel-Niyat, Shirin, , , [Electronically Filed] Date Signature	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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

Schedule E)	(L) 0111 01 1122		10.120		PAGE 3 OF 7 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
For Our Fut	ure				C C00620971
Check if X 24-h	our report 48-hour	r report New repo	ort Amends repo		= M / D = D / Y = Y = Y = Y
Full Name of I	Payee North Strategies				of Public Distribution/Dissemination
Mailing Addres	SS PO Box 1474			Amou	11 01 2016 nt
City		State	Zip Code	— r	1551.28
Whittier		CA	90609-1474		action ID : VSG8M9TVQN8 of Disbursement or Obligation
Purpose of Ex Direct Mail Se			Category/ Type 004	М	11 01 2016
Name of Fede	eral Candidate		✗ Support	Office Sough	it: House District:
MASTO, CAT	HERINE CORTEZ, , ,		Oppose	Preside	
	Year-To-Date ion for Office Sought		352130.91	Disbursement 2016 Or	t For: Primary X General ther (specify) ▶
Full Name of Centaur N	Payee Iorth Strategies				of Public Distribution/Dissemination
Mailing Addres	SS PO Box 1474			Amou	int
City		State	Zip Code		2326.92
Whittier		CA	90609-1474		action ID : VSG8M9TVQP6 of Disbursement or Obligation
Purpose of Ex Direct Mail Se			Category/ Type 004	M	11
Name of Fede	eral Candidate		Support	Office Sough	nt: House District:
TRUMP, DON	IALD J., , ,		X Oppose	X Preside	ent Senate State:
	Year-To-Date tion for Office Sought		5264952.74	Disbursemen 2016 O	nt For:
(a) SUBTOTAL	of Itemized Independent	t Expenditures		>	3878.20
(b) SUBTOTAL	. of Unitemized Independe	ent Expenditures		·· •	
(c) TOTAL Inde	ependent Expenditures			· ·	7.1.7.1.2.1
with, or at the r		any candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	del-Niyat, Shirin, , ,	[Electron	ically Filed] Date	e 11	02 / 2016
Signature					

Schedule E)	PAGE 4 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
For Our Future	C C00620971
Check if X 24-hour report 48-hour report New report Amends report filed on	M / D D / Y D Y D Y
Full Name of Payee Date of	of Public Distribution/Dissemination
X *	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 624 Hebron Ave Ste 200 Amour	nt
	50470.05
	56479.65 action ID: VSG8M9TVQQ4
Purpose of Expanditure	of Disbursement or Obligation
Direct Mail Services Category/ Type O04	
Name of Federal Candidate X Support Office Sought	t: House District:
CLINTON, HILLARY RODHAM, , , Oppose Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Ot	t For: Primary X General ther (specify) ▶
	of Public Distribution/Dissemination
Mission Control	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 624 Hebron Ave	nt
Ste 200	
City State Zip Code	56479.65
Date of	ction ID: VSG8M9TVQR2 of Disbursement or Obligation
Purpose of Expenditure Direct Mail Services Category/ Type 004	M / D D / Y Y Y Y
Name of Federal Candidate X Support Office Sough	t: House District:
McGinty, Kathleen Alana, , , Oppose Preside	ent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in countries, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Bidel-Niyat, Shirin, , , [Electronically Filed] Date 11	02 / 2016

Schedule E)	TOTILO	PAGE 5 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
For Our Future		C C00620971
Check if 24-hour report 48-hour report New report	rt Amends report f	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee The Contact Group, Inc.		Date of Public Distribution/Dissemination
X * Mailing Address PO Box 187		11 01 2016 Amount
		7
	Zip Code	2379.92
Grasonville MD	21638-0187	Transaction ID: VSG8M9TVQW4 Date of Disbursement or Obligation
Purpose of Expenditure Robocalls	Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support C	Office Sought: House District:
CLINTON, HILLARY RODHAM, , ,	Oppose	✗ President Senate State:
Calendar Year-To-Date Per Election for Office Sought		oisbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
The Contact Group, Inc.		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 187		Amount
City State	Zip Code	2379.91
Grasonville MD	21638-0187	Transaction ID : VSG8M9TVQX1 Date of Disbursement or Obligation
Purpose of Expenditure Robocalls	Category/ Type 004	Mam / Dad / Yayayay
Name of Federal Candidate	Support C	Office Sought: House District:
MASTO, CATHERINE CORTEZ, , ,	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
	1	
(a) SUBTOTAL of Itemized Independent Expenditures)	0.00
(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.		
Bidel-Niyat, Shirin, , , [Electronic Signature]	cally Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)		TOTILO		PAGE 6 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
For Our Future				C C00620971
Check if 24-hour report 48-hour report	X New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee The Contact Group, Inc.				of Public Distribution/Dissemination
X Mailing Address PO Box 187			Amou	11 01 2016
			Amou	
City	State	Zip Code		2554.10
Grasonville	MD	21638-0187		action ID: VSG8M9TVQY9 of Disbursement or Obligation
Purpose of Expenditure Robocalls		Category/ Type 004	M	M
Name of Federal Candidate		x Support	Office Sough	t: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	x Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	5264952.74	Disbursemen 2016 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
The Contact Group, Inc.			N	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 187			Amou	
			Amou	
City	State	Zip Code		2554.09
Grasonville	MD	21638-0187		of Disbursement or Obligation
Purpose of Expenditure Robocalls		Category/ Type 004	N	/ D D / Y Y Y Y Y
Name of Federal Candidate		x Support	Office Sough	it: House District:
MURPHY, PATRICK E, , ,		Oppose	Preside	ent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	, , ,	951623.42	Disbursemen 2016	ther (specify) ► General
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Bidel-Niyat, Shirin, , , Signature	[Electron	ically Filed] Date	11 /	02 / 2016

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

Schedule E)	1101101120	PAGE 7 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
For Our Future		C C00620971
		0 0002037.1
Check if 24-hour report 48-hour report New	v report Amends report file	d on Man / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
The Contact Group, Inc.		10 29 2016
Mailing Address PO Box 187		Amount
City State	Zip Code	881.96
Grasonville MD	21638-0187	Transaction ID : VSG8M9TVRR5
Purpose of Expenditure Robocalls	Category/ Type 004	Date of Disbursement or Obligation
	Турс	
Name of Federal Candidate	✗ Support Office	ce Sought: House District:
MURPHY, PATRICK E, , ,	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	951623.42 Dist 201	oursement For: Primary General Other (specify) Other (specify)
Full Name of Payee	l	Date of Public Distribution/Dissemination
The Contact Group, Inc.		M = M / D = D / Y = Y = Y
X Mailing Address PO Box 187		10 29 2016
1 0 500 10.		Amount
City State	Zip Code	881.95
Grasonville MD	21638-0187	Transaction ID : VSG8M9TVRS3 Date of Disbursement or Obligation
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y
Robocalls	Type 004	
Name of Federal Candidate	🗶 Support Offi	ce Sought: House District:
CLINTON, HILLARY RODHAM, , ,	Oppose	President Senate State:
Calendar Year-To-Date	Dis 5264952.74 201	bursement For: Primary General
Per Election for Office Sought	3204332.14	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
		7 7
(c) TOTAL Independent Expenditures	·····	14156.40
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.		
	ctronically Filed] Date	11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		