Schedule E)	FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	
	C C00580068
theck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y D Y D Y
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	M M / D D / Y Y Y Y
Mailing Address PO Box 2690	10 17 2020 Amount
PO Box 2690	rundun
City State Zip Code	7207.59
Alameda CA 94501-0690	Transaction ID : VQZ6GAN9GA8 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
Name of Federal Candidate Support Office	e Sought: House District: 00
BIDEN, JOSEPH R JR, , ,	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	10 17 2020
Mailing Address PO Box 2690	
PO Box 2690	Amount
City State Zip Code	360.79
Alameda CA 94501-0690	Transaction ID : VQZ6GAN9GC4 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees  Category/ Type	10 17 Y 2020
Name of Federal Candidate Support Office	e Sought: House District: 00
JONES, DOUG, , ,	President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	7568.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may 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 1	0 18 2020
Signature	

Schedule E)	ENT EXILID	TIONES		PAGE 2 OF 11 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	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pul	olic Distribution/Dissemination
GetThru			10	17 Y 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				
City	State	Zip Code		531.97
Alameda	CA	94501-0690		n ID: VQZ6GAN9GF8 bursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	10	17 / 2020
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District: 00
KELLY, MARK, , ,		Oppose	President	Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		94489.81	Disbursement For:	Primary <b>X</b> General
Full Name of Payee				blic Distribution/Dissemination
GetThru			M M 10	17 2020
Mailing Address PO Box 2690				1 2020
PO Box 2690			Amount	
City	State	Zip Code		546.63
Alameda	CA	94501-0690		ID: VQZ6GAN9GG6 sbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	10 <sup>M</sup>	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:00
HICKENLOOPER, JOHN W., , ,		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	.,,	92802.03	Disbursement For 2020 Other	: Primary <b>X</b> General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		<b>.</b>	1078.60
(b) SUBTOTAL of Unitemized Independent Expe	enditures			7 1 7 1 7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	ididate or authorize			
Pascal, Harry, , ,	[Electron	nically Filed] Date	10 / 18	
g				

Schedule E)	L/(1 L. (12.	101120		PAGE 3 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project				C C00580068
				C - C00300000
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M / D D / Y D Y D
Full Name of Payee			Date o	of Public Distribution/Dissemination
GetThru			M	10 17 2020
Mailing Address PO Box 2690			Amour	nt
PO Box 2690	21-1-	71. 0.1.		500.70
1 ,	State CA	Zip Code 94501-0690	Transa	598.76 action ID : VQZ6GAN9GK9
		1		of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	М	10 17 7 2020
Name of Federal Candidate		<b>x</b> Support	Office Sought	t: House District:00
OSSOFF, T. JONATHAN, , ,		Oppose	Preside	
Calendar Year-To-Date		77135.32	Disbursement	For: Primary K General
Per Election for Office Sought		11130.32		ther (specify)
Full Name of Payee  GetThru			Date of	of Public Distribution/Dissemination
Germa			М	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690			Amou	
PO Box 2690			Amoui	
City	State	Zip Code		581.14
	CA	94501-0690		ction ID: VQZ6GAN9GR9 of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	М	10 17 7 2020
Name of Federal Candidate		<b>x</b> Support	Office Sough	t: House District: 00
WARNOCK, RAPHAEL, , ,		Oppose	Preside	ent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		72845.44	Disbursement 2020 x O	t For:
•				
(a) SUBTOTAL of Itemized Independent Expenditures			•	1179.90
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			· -	7 7 7
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 age	or authorized			
Pascal, Harry, , ,	[Electroni	cally Filed] Date	M M / 10	18 2020
Signature				

Schedule E)	TOLITI EXI LITO	TONEO		PAGE 4 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FF	C IDENTIFICATION NUMBER ▼
Progressive Turnout Project				
Check if 24-hour report 48-hour report	ort New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee GetThru			м = 1	
Mailing Address PO Box 2690			10	17 2020
PO Box 2690				
City Alameda	State CA	Zip Code 94501-0690		511.47 ion ID : VQZ6GAN9GW1
Purpose of Expenditure Phone Program dial fees		Category/ Type	Date of L	
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		31261.16	Disbursement For 2020 Othe	or: Primary <b>X</b> General r (specify) ▶
Full Name of Payee GetThru	-		Date of F	
Mailing Address PO Box 2690			Amount	
PO Box 2690				
City Alameda	State CA	Zip Code 94501-0690		1234.26 on ID : VQZ6GAN9H10 Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	M 10	M / D D / Y Y Y Y
Name of Federal Candidate PETERS, GARY, , ,		<b>✗</b> Support	Office Sought:	House District: 00
Calendar Year-To-Date Per Election for Office Sought		Oppose 143025.58	Disbursement F 2020	Seriale State.
	, ,			(Specify) F
(a) SUBTOTAL of Itemized Independent Exp	enditures		. •	1745.73
(b) SUBTOTAL of Unitemized Independent E	Expenditures		·· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
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		18 2020
Signature				

		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 r	eport Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
GetThru		10 17 2020
Mailing Address PO Box 2690		Amount
PO Box 2690		Amount
City State	Zip Code	244.06
Alameda CA	94501-0690	Transaction ID: VQZ6GAN9H44  Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/ Type	10 17 2020
Name of Federal Candidate	<b>✗</b> Support Office	Sought: House District:00
BULLOCK, STEVE, , ,	Oppose	President Senate State: MT
Calendar Year-To-Date	Disbu 11006.31 2020	ursement For: Primary X General
Per Election for Office Sought	11000.31	Other (specify) ▶
Full Name of Payee  GetThru		Date of Public Distribution/Dissemination
Mailing Address PO Box 2690		10 17 2020
PO Box 2690		Amount
City State	Zip Code	701.06
Alameda CA	94501-0690	Transaction ID: VQZ6GAN9H60 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/ Type	10 17 2020
Name of Federal Candidate	<b>✗</b> Support Office	e Sought: House District: 00
CUNNINGHAM, CAL, , ,	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	112417.57 Disbu	ursement For: Primary <b>X</b> General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	945.12
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
	ronically Filed] Date 1	0 18 2020
Signature		

PAGE

OF

11

Schedule E)	NOLIVI EXI EIVOI	TOTILO		PAGE 6 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Progressive Turnout Project				C00580068
Check if 24-hour report 48-hour re	port New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee  GetThru			Date of I	Public Distribution/Dissemination
Mailing Address PO Box 2690			Amount	2020
PO Box 2690			Amount	
City	State	Zip Code		1177.83
Alameda	CA	94501-0690		tion ID: VQZ6GAN9H77 Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	M 10	
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District: 00
HARRISON, JAIME, , ,		Oppose	President	Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		59489.83	Disbursement F 2020 Othe	for: Primary <b>X</b> General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Paychex			M = 10	
Mailing Address 911 Panorama Trl S			Amount	0 17 2020
City	State	Zip Code		19608.24
Rochester	NY	14625-2311	Transacti Date of	on ID : VQZ6GAN9FW8 Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		M / D D / Y Y Y Y
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District:00
BIDEN, JOSEPH R JR, , ,		Oppose	<b>x</b> President	Senate State:00
Calendar Year-To-Date Per Election for Office Sought		1687353.67	Disbursement F 2020 Othe	For: Primary General er (specify)
•				
(a) SUBTOTAL of Itemized Independent Ex	penditures		·· •	20786.07
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized			
Pascal, Harry, , ,	[Electron	ically Filed] Date		18 2020
Signature				

Schedule E)	SITT OF INDEFEND	LIVI EXPEND	ITONES		PAGE 7 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE	(In Full)				FEC IDENTIFICATION NUMBER ▼
Progressive Tur	nout Project				C C00580068
Check if 24-hour re	port 48-hour report	X New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee				Date	e of Public Distribution/Dissemination
Paychex					10 17 2020
Mailing Address 91	1 Panorama Trl S			Amo	punt
City		State	Zip Code	$ \Gamma$	1076.03
Rochester		NY	14625-2311		nsaction ID : VQZ6GAN9FX6 e of Disbursement or Obligation
Purpose of Expendi Staff Time Phone C			Category/ Type		10 17 2020
Name of Federal Ca	andidate		<b>✗</b> Support	Office Soug	ght: House District: 00
JONES, DOUG, , ,			Oppose	Presi	
Calendar Year- Per Election fo		7 7	55729.83	Disburseme	ent For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee				Date	e of Public Distribution/Dissemination
Paychex					10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	911 Panorama Trl S			Amo	ount
City		State	Zip Code		1899.20
Rochester		NY	14625-2311		saction ID : VQZ6GAN9FY4 e of Disbursement or Obligation
Purpose of Expendi Staff Time Phone C			Category/ Type		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Ca	andidate		<b>x</b> Support	Office Soug	ght: House District: 00
KELLY, MARK, , ,			Oppose	Presi	ident Senate State: AZ
Calendar Year- Per Election fo	To-Date r Office Sought	17 17	94489.81	Disburseme 2020	ent For:
(a) SUBTOTAL of Ite	emized Independent Expend	itures			2975.23
					4 4 4
(b) SUBTOTAL of U	nitemized Independent Expe	nditures		· • L	4 4 4
(c) TOTAL Independ	ent Expenditures			·· <b>·</b>	7 7
with, or at the reques		didate or authorized			cooperation, consultation, or concert if the reporting entity is not a political
Pascal, I	Harry, , ,	[Electron	ically Filed] Date	e 10	18 2020
Signature					

Schedule E)					OR SE OF	FORM 24/48
AME OF COMMITTEE (In Full)			-	FEC IDE	NTIFICATIO	N NUMBER ▼
Progressive Turnout Project			l i			
				C c	00580068	
check if X 24-hour report 48-hour report	× New report	Amends repor		M /	D D /	Y I Y I Y I Y
Full Name of Payee			Date of	f Public I	Distribution/I	Dissemination
Paychex				10 /	17 /	2020
Mailing Address 911 Panorama Trl S				_	17	2020
			Amoun	τ		
City	State Zip C	ode				1534.84
Rochester	NY 1462	5-2311			: VQZ6GAN ement or O	
Purpose of Expenditure Staff Time Phone Calls	Cate	egory/ Type		10 /	17	2020
Name of Federal Candidate	·	<b>✗</b> Support	Office Sought:	:	House I	District: 00
HICKENLOOPER, JOHN W., , ,		Oppose	Presider	nt 🗶	Senate	State: CO
Calendar Year-To-Date Per Election for Office Sought	928	302.03	Disbursement 2020	For:	Primary	<b>✗</b> General
Fer Election for Office Sought	520	002.00		ner (spec	cify) ▶	
Full Name of Payee Paychex				f Public	Distribution/	Dissemination
				10	17	2020
Mailing Address 911 Panorama Trl S			Amoun	it		
City	State Zip C	ode		1 (0)		1766.91
Rochester	NY 1462	25-2311		tion ID:	VQZ6GAN sement or C	
Purpose of Expenditure Staff Time Phone Calls	Cate	egory/ Type		10 /	17	2020
Name of Federal Candidate	·	<b>x</b> Support	Office Sought:	:	House	District: 00
OSSOFF, T. JONATHAN, , ,		Oppose	Preside	nt 🗶	Senate	State: GA
Calendar Year-To-Date	77/	125 22	Disbursement 2020	For:	Primary	<b>X</b> General
Per Election for Office Sought	, , , , , , , , , , , , , , , , , , , ,	135.32		her (spe	cify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	·		· [		7	3301.75
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	-7-		
(c) TOTAL Independent Expenditures			<b>•</b>	-	-7-	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized comm					
Pascal, Harry, , ,	[Electronically F	Filed] Date	10 /	18	/ Y Y 202	O Y
Signature						

Schedule E)	11 -71 -112.	1101120		PAGE 9 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project				C C00580068
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		
Full Name of Payee Paychex				of Public Distribution/Dissemination
Mailing Address 911 Panorama Trl S			L	10 17 2020
Jiii anorana iii S			Amou	unt
City	State	Zip Code		1714.95
Rochester	NY	14625-2311		saction ID : VQZ6GAN9G17 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		10 17 2020 Y
Name of Federal Candidate		<b>✗</b> Support	Office Sough	ht: House District: 00
WARNOCK, RAPHAEL, , ,		Oppose	Presid	Ticuse Bistrict.
Calendar Year-To-Date		72845.44	Disbursemer	
Per Election for Office Sought	7	/2845.44	2020	Other (specify)  Special General
Full Name of Payee			Date	of Public Distribution/Dissemination
Paychex				10 17 2020
Mailing Address 911 Panorama Trl S				
			Amo	unt
City	State	Zip Code		1151.60
Rochester	NY	14625-2311		action ID: VQZ6GAN9G25 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	$\neg \mid \Gamma$	10 17 2020
Name of Fodoval Condidate				
Name of Federal Candidate  GREENFIELD, THERESA, , ,		<b>✗</b> Support	Office Soug	
GRELINITELD, ITIEREOA, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		31261.16	Disburseme 2020	
	7			Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditur	res			2866.55
(4)				7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· • [	
(c) TOTAL Independent Expenditures			·· •	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Pascal, Harry, , ,	[Electron	nically Filed] Date	e 10	18 2020
Signature		_		

Sche	dule E)	DITORES	PAGE 10 OF 11 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Prog	gressive Turnout Project		C C00580068
Check	if X 24-hour report 48-hour report New re	eport Amends repo	t filed on
Fu	Il Name of Payee		Date of Public Distribution/Dissemination
	Paychex		10 17 2020
Ma	ailing Address 911 Panorama Trl S		Amount
Cit	ty State	Zip Code	2237.87
R	ochester NY	14625-2311	Transaction ID: VQZ6GAN9G33  Date of Disbursement or Obligation
	rrpose of Expenditure taff Time Phone Calls	Category/ Type	10 17 2020
Na	ame of Federal Candidate	<b>X</b> Support	Office Sought: House District: 00
PE	ETERS, GARY, , ,	Oppose	President Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought	143025.58	Disbursement For:
	III Name of Payee		Date of Public Distribution/Dissemination
	Paychex		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 911 Panorama Trl S		Amount
Cit	ty State	Zip Code	845.09
	ochester NY	14625-2311	Transaction ID : VQZ6GAN9G41  Date of Disbursement or Obligation
	rpose of Expenditure taff Time Phone Calls	Category/ Type	10 / D D / Y Y Y Y Y Y Y
Na	ame of Federal Candidate	<b>✗</b> Support	Office Sought: House District:00
В	ULLOCK, STEVE, , ,	Oppose	President Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought	11006.31	Disbursement For:
(a)	SUBTOTAL of Itemized Independent Expenditures		3082.96
( )	·		7 7 7 002.00
(b)	SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c)	TOTAL Independent Expenditures		<b>•</b>
with	ler penalty of perjury I certify that the independent expenditure, or at the request or suggestion of, any candidate or authorizely committee) any political party committee or its agent.		
_		onically Filed] Date	10 18 2020
;	Signature		

Schedule E)	W ENDITONES	PAGE 11 OF 11 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 file	ed on M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Paychex		10 / 17 / 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 Stat	e Zip Code	1683.99
Rochester	14625-2311	Transaction ID: VQZ6GAN9G59 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	<b>✗</b> Support Off	ice Sought: House District: 00
CUNNINGHAM, CAL, , ,	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	112417.57 Dis	bursement For: Primary   General  Other (specify)    Other (specify)   ■
Full Name of Payee		Date of Public Distribution/Dissemination
Paychex		10 17 2020
Mailing Address 911 Panorama Trl S		Amount
City Stat	e Zip Code	4321.53
Rochester	14625-2311	Transaction ID : VQZ6GAN9G75 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	🗶 Support Off	fice Sought: House District: 00
HARRISON, JAIME, , ,	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	59489.83 Dis 20	sbursement For: Primary   General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures		6005.52
(a) 002.0.112 or normal masper as in 2/portana commit		000.32
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	·····	51535.81
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
Pascal, Harry, , , Signature	[Electronically Filed] Date	10 18 2020
orginaturo		