

PAGE	1	OF	11
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068	
Check if <input checked="" type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report	<input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/>

Full Name of Payee GetThru		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2020</div> </div>	
Mailing Address PO Box 2690 PO Box 2690		Amount <div> <div>7207.59</div> </div>	
City Alameda	State CA	Zip Code 94501-0690	Transaction ID : VQZ6GAN9GA8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 17 / 2020</div> </div>
Purpose of Expenditure Phone Program dial fees	Category/ Type		
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: <u>00</u> State: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>1687353.67</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee GetThru		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 17 / 2020</div> </div>	
Mailing Address PO Box 2690 PO Box 2690		Amount <div> <div>M M / D D / Y Y Y Y</div> <div>360.79</div> </div>	
City Alameda	State CA	Zip Code 94501-0690	Transaction ID : VQZ6GAN9GC4 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 17 / 2020</div> </div>
Purpose of Expenditure Phone Program dial fees	Category/ Type		
Name of Federal Candidate JONES, DOUG, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>M M / D D / Y Y Y Y</div> <div>55729.83</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 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 _____

Signature

FEC Schedule E (Form 24/28) Rev. 09/2013

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GetThru		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020	
Mailing Address PO Box 2690 PO Box 2690		Amount 531.97	
City Alameda	State CA	Zip Code 94501-0690	Transaction ID : VQZ6GAN9GF8
Purpose of Expenditure Phone Program dial fees	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020	
Name of Federal Candidate KELLY, MARK, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee GetThru		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020	
Mailing Address PO Box 2690 PO Box 2690		Amount 546.63	
City Alameda	State CA	Zip Code 94501-0690	Transaction ID : VQZ6GAN9GG6
Purpose of Expenditure Phone Program dial fees	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020	
Name of Federal Candidate HICKENLOOPER, JOHN W., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1078.60
(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 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

MM / DD / YYYY
10 / 18 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GetThru		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020	
Mailing Address PO Box 2690 PO Box 2690		Amount 598.76	
City Alameda	State CA	Zip Code 94501-0690	Transaction ID : VQZ6GAN9GK9
Purpose of Expenditure Phone Program dial fees		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020
Name of Federal Candidate OSSOFF, T. JONATHAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 77135.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee GetThru		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020	
Mailing Address PO Box 2690 PO Box 2690		Amount 581.14	
City Alameda	State CA	Zip Code 94501-0690	Transaction ID : VQZ6GAN9GR9
Purpose of Expenditure Phone Program dial fees		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020
Name of Federal Candidate WARNOCK, RAPHAEL, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 72845.44		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) ▶ Special General	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1179.90
(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 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

MM / DD / YYYY
10 / 18 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GetThru			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020		
Mailing Address PO Box 2690 PO Box 2690			Amount 511.47		
City Alameda	State CA	Zip Code 94501-0690	Transaction ID : VQZ6GAN9GW1		
Purpose of Expenditure Phone Program dial fees		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020		
Name of Federal Candidate GREENFIELD, THERESA, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		31261.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee GetThru			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020		
Mailing Address PO Box 2690 PO Box 2690			Amount 1234.26		
City Alameda	State CA	Zip Code 94501-0690	Transaction ID : VQZ6GAN9H10		
Purpose of Expenditure Phone Program dial fees		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020		
Name of Federal Candidate PETERS, GARY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought		143025.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1745.73
(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 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

MM / DD / YYYY
10 / 18 / 2020

Signature

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

 PAGE 5 OF 11
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee GetThru			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address PO Box 2690 PO Box 2690			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">244.06</div>		
City Alameda	State CA	Zip Code 94501-0690	Transaction ID : VQZ6GAN9H44		
Purpose of Expenditure Phone Program dial fees		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate BULLOCK, STEVE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee GetThru			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address PO Box 2690 PO Box 2690			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">701.06</div>		
City Alameda	State CA	Zip Code 94501-0690	Transaction ID : VQZ6GAN9H60		
Purpose of Expenditure Phone Program dial fees		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate CUNNINGHAM, CAL, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">945.12</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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

M M M / D D D / Y Y Y Y Y Y

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GetThru			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020		
Mailing Address PO Box 2690 PO Box 2690			Amount 1177.83		
City Alameda	State CA	Zip Code 94501-0690	Transaction ID : VQZ6GAN9H77		
Purpose of Expenditure Phone Program dial fees		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020		
Name of Federal Candidate HARRISON, JAIME, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SC</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

59489.83

Full Name of Payee Paychex			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020		
Mailing Address 911 Panorama Trl S			Amount 19608.24		
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VQZ6GAN9FW8		
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020		
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>00</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

1687353.67

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20786.07
(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 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

MM / DD / YYYY
10 / 18 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020
Mailing Address 911 Panorama Trl S		Amount 1076.03
City Rochester	State NY	Zip Code 14625-2311
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	Transaction ID : VQZ6GAN9FX6 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020
Name of Federal Candidate JONES, DOUG, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 55729.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020
Mailing Address 911 Panorama Trl S		Amount 1899.20
City Rochester	State NY	Zip Code 14625-2311
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	Transaction ID : VQZ6GAN9FY4 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020
Name of Federal Candidate KELLY, MARK, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 94489.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2975.23
(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 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

MM / DD / YYYY
10 / 18 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 8 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020	
Mailing Address 911 Panorama Trl S		Amount 1534.84	
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VQZ6GAN9FZ1
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020	
Name of Federal Candidate HICKENLOOPER, JOHN W., , ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 92802.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020	
Mailing Address 911 Panorama Trl S		Amount 1766.91	
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VQZ6GAN9G09
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020	
Name of Federal Candidate OSSOFF, T. JONATHAN, , ,		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 77135.32		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3301.75
(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 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

MM / DD / YYYY
10 / 18 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020
Mailing Address 911 Panorama Trl S		Amount 1714.95
City Rochester	State NY	Zip Code 14625-2311
Purpose of Expenditure Staff Time Phone Calls	Category/Type	Transaction ID : VQZ6GAN9G17 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020
Name of Federal Candidate WARNOCK, RAPHAEL, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input checked="" type="checkbox"/> Other (specify) Special General

Full Name of Payee Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020
Mailing Address 911 Panorama Trl S		Amount 1151.60
City Rochester	State NY	Zip Code 14625-2311
Purpose of Expenditure Staff Time Phone Calls	Category/Type	Transaction ID : VQZ6GAN9G25 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020
Name of Federal Candidate GREENFIELD, THERESA, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	2866.55
(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 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

MM / DD / YYYY
10 / 18 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 11
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020	
Mailing Address 911 Panorama Trl S		Amount 2237.87	
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VQZ6GAN9G33
Purpose of Expenditure Staff Time Phone Calls		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020
Name of Federal Candidate PETERS, GARY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 143025.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020	
Mailing Address 911 Panorama Trl S		Amount 845.09	
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VQZ6GAN9G41
Purpose of Expenditure Staff Time Phone Calls		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020
Name of Federal Candidate BULLOCK, STEVE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 11006.31		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3082.96
(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 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

MM / DD / YYYY
10 / 18 / 2020

Signature

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

PAGE 11	OF 11
FOR SE OF FORM 24/48	

NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020	
Mailing Address 911 Panorama Trl S		Amount 1683.99	
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VQZ6GAN9G59
Purpose of Expenditure Staff Time Phone Calls		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020
Name of Federal Candidate CUNNINGHAM, CAL, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 112417.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Paychex		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2020	
Mailing Address 911 Panorama Trl S		Amount 4321.53	
City Rochester	State NY	Zip Code 14625-2311	Transaction ID : VQZ6GAN9G75
Purpose of Expenditure Staff Time Phone Calls		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2020
Name of Federal Candidate HARRISON, JAIME, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 59489.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6005.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	51535.81

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

MM / DD / YYYY
10 / 18 / 2020

Signature