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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	
	C C00580068
Check if 24-hour report	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
AT&T	05 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1908 Dempster St	Amount
City State Zip Code	120.00
Evanston IL 60202-1062	Transaction ID : VQZ6GACYCT3 Date of Disbursement or Obligation
Purpose of Expenditure telephone Category/ Type	05 07 Y 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
Quist, Rob, , ,	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	ursement For: Primary General ✓ Other (specify) ► Special General
Full Name of Payee Budget Rental	Date of Public Distribution/Dissemination
Mailing Address 6 Sylvan Way	05 07 2017 Amount
City State Zip Code	728.65
Parsippany NJ 07054-3826	Transaction ID : VQZ6GACYCV1 Date of Disbursement or Obligation
Purpose of Expenditure travel Category/ Type	05 / 07 / 2017
Name of Federal Candidate Support Office	e Sought: x House District: 00
Quist, Rob, , ,	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought Disbute 2018	ursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	848.65
(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.	
24.0	05 07 2017
Signature	

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

Schedule E)		101120		PAGE 2 OF 4 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 X 48-hour re	eport New repo	ort Amends repo		M / D D / Y D Y D
Full Name of Payee			Date c	of Public Distribution/Dissemination
Exxon Mailing Address				05 07 2017
Mailing Address 10800 US-287 #1			Amour	nt
City	State	Zip Code		300.00
Three Forks	MT			action ID : VQZ6GACYCW9 of Disbursement or Obligation
Purpose of Expenditure gas cards		Category/ Type		05 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought	t: X House District: 00
Quist, Rob, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		176851.24	Disbursement 2018	t For: Primary General ther (specify) ▶ Special General
Full Name of Payee				of Public Distribution/Dissemination
Mothership Strategies			M	-M / D D / Y Y Y Y
Mailing Address 2413 20th St NW			Amou	05 07 2017
Gies			/ inca	
City		Zip Code		60415.00
Washington	DC	20009-5453	Transa Date of	ction ID : VQZ6GACYCR8 of Disbursement or Obligation
Purpose of Expenditure advertising		Category/ Type	M	05 / D D / Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sough	t: Nouse District: 00
Quist, Rob, , ,		Oppose	Preside	ent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7 7	176851.24	Disbursement 2018	t For:
(a) SUBTOTAL of Itemized Independent E	xpenditures		. •	60715.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	
(c) TOTAL Independent Expenditures				7 7 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	ny candidate or authorized			
Pascal, Harry, , ,	[Electroni	ically Filed] Date	e 05	07 2017
Signature		_		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	NOENT EXTEND	ITOTILO		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Progressive Turnout Project			C	C00580068
Check if 24-hour report X 48-hour rep	port New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
North Shore Printers			05	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 535 S Sheridan Rd			Amount	
City	State	Zip Code		43332.26
Waukegan	IL	60085-7538		on ID : VQZ6GACYCS5 isbursement or Obligation
Purpose of Expenditure printing		Category/ Type	05	07 2017
Name of Federal Candidate		x Support	Office Sought:	✗ House District: 00
Quist, Rob, , ,		Oppose	President	Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		176851.24	Disbursement Fo 2018	r: Primary General (specify) ► Special General
Full Name of Payee United Airlines			Date of P	ublic Distribution/Dissemination
			05	07 2017
Mailing Address PO Box 6649			Amount	
City	State	Zip Code		1087.60
Chicago	IL	60606-0649		on ID : VQZ6GACYCX7 visbursement or Obligation
Purpose of Expenditure travel		Category/ Type	05	/ 07 / Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought:	✗ House District:00
Quist, Rob, , ,		Oppose	President	Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		176851.24	Disbursement For 2018	or: Primary General (specify) ► Special General
(a) SUBTOTAL of Itemized Independent Ex	penditures			44419.86
			,	7 7 1110.000
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7
(c) TOTAL Independent Expenditures			•	77. 1 77. 1 75. 1
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Pascal, Harry, , ,	[Electron	ically Filed] Date		07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Olgitataro				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

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	on Mam / Dad / Yayayay		
Full Name of Payee	Date of Public Distribution/Dissemination		
USPS	05 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 2460 Dundee Rd	Amount		
City State Zin Code	40406 22		
City State Zip Code Northbrook IL 60062-2620	49196.22 Transaction ID : VQZ6GACYCP2 Date of Disbursement or Obligation		
Purpose of Expenditure postage Category/ Type	05 07 Y 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: X House District: 00		
Quist, Rob, , ,	President Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	ursement For: Primary General ✓ Other (specify) ✓ Special General		
Full Name of Payee	Date of Public Distribution/Dissemination		
Mailing Address			
	Amount		
City State Zip Code			
	Date of Disbursement or Obligation		
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate Support Office	e Sought: House District:		
Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General Other (specify) ▶		
	Guier (speediy) >		
(a) SUBTOTAL of Itemized Independent Expenditures	49196.22		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	155179.73		
Under penalty of perjury I certify that the independent expenditures reported herein were not mount 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.			
	05 07 2017		
Signature			