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	on M = M / D = D / Y = Y = 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 31 2020 Amount
PO Box 2690	Amount
City State Zip Code	12498.59
Alameda CA 94501-0690	Transaction ID : VQZ6GANDJA6 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees  Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
BIDEN, JOSEPH R JR, , ,	President Senate State:00
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	rrsement For: Primary   General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	10 31 2020
Mailing Address PO Box 2690	10 31 2020
PO Box 2690	Amount
City State Zip Code	1779.03
Alameda CA 94501-0690	Transaction ID : VQZ6GANDJB4 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/	M M / D D / Y Y Y Y
Туре	10 31 2020
	e Sought: House District: 00
KELLY, MARK, , ,	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	ursement For: Primary   General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	14277.62
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(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, , ,	M / D D / Y Y Y Y Y
[Electronically Filed] Date 1	1 01 2020
g	

Schedule E)	ENT EXTEND	TIONES		PAGE 2 OF 10 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			ı	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 D Y D Y		
Full Name of Payee			Date of	f Public Distribution/Dissemination		
GetThru			M	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO Box 2690			Amoun	t		
PO Box 2690						
City	State	Zip Code		394.42		
Alameda	CA	94501-0690		ction ID: VQZ6GANDJC2  f Disbursement or Obligation		
Purpose of Expenditure Phone Program dial fees		Category/ Type		10 31 2020		
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District: 00		
HICKENLOOPER, JOHN W., , ,		Oppose	Presider			
Calendar Year-To-Date Per Election for Office Sought		117808.26	Disbursement 2020 Oth	For: Primary   General  mer (specify)   ■		
Full Name of Payee				f Public Distribution/Dissemination		
GetThru			M	10 31 2020		
Mailing Address PO Box 2690						
PO Box 2690			Amoun	it		
City	State	Zip Code		830.44		
Alameda	CA	94501-0690		ction ID: VQZ6GANDJD0 f Disbursement or Obligation		
Purpose of Expenditure Phone Program dial fees		Category/ Type		10 31 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 Per Election for Office Sought		104994.43	Disbursement 2020 Otl	For: Primary <b>X</b> General her (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expendent	litures		. •	1224.86		
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •			
(c) TOTAL Independent Expenditures			•	7		
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, , ,	[Electron	nically Filed] Date	11 /	01 / 2020		
Signature						

Schedule E)	LIVI EXI LIVE	TIONES		PAGE 3 OF 10 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	X New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
GetThru			10	31 2020
Mailing Address PO Box 2690			Amount	
PO Box 2690				
City	State	Zip Code		806.01
Alameda	CA	94501-0690		ID: VQZ6GANDJE8 oursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	10	31 2020
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District: 00
WARNOCK, RAPHAEL, , ,		Oppose	President	Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		99885.14	Disbursement For: 2020	Primary General  pecify) ▶ Special General
Full Name of Payee			(0	
GetThru			Date of Pub	lic Distribution/Dissemination  31 2020
Mailing Address PO Box 2690				
PO Box 2690			Amount	
City	State	Zip Code		993.86
Alameda	CA	94501-0690		D: VQZ6GANDJF6 oursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	10	31 / 2020
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
GREENFIELD, THERESA, , ,		Oppose	President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	7	43129.37	Disbursement For: 2020 Other (s	Primary <b>✗</b> General specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures			1799.87
				4
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>	4
(c) TOTAL Independent Expenditures			•	75
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	11 01	2020
Gignature				

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

Mailing Address PO Box 2690 PO Box 2690 City State Zip Code 94501-0690 Purpose of Expenditure Phone Program dial fees Por Election for Office Sought Purpose of Expenditure Phone Program dial fees  Category Type  Calendar Year-To-Date Purpose of Expenditure Phone Program dial fees  Calendar Year-To-Date Purpose of Expenditure Phone Program dial fees  Calendar Year-To-Date Purpose of Expenditure Phone Program dial fees  Category Type  Disbursement For: Primary ▼ Gene 2020  Other (specify) ▼  Transaction ID : VOZ6GANDJU6  Transaction ID : VOZ6GANDJU6  Date of Disbursement or Obligation  President ▼ Senate State: ★S  Calendar Year-To-Date Program dial fees  Category Type  Date of Public Distribution/Dissemination  To July State Zip Code  Amount  Amount  Category Type  Name of Federal Candidate Purpose of Expenditure Phone Program dial fees  Category Type  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Zip Code  1993.09  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Zip Code  1993.09  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Zip Code  1993.09  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Zip Code  1993.09  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Zip Code  1993.09  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Xigner  To July State Xigner  To July State Xigner  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Xigner  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Xigner  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Xigner  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Xigner  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Xigner  Transaction ID : VOZ6GANDJH2  Date of Disbursement or Obligation  To July State Xigner  To July State Xigner  To J		include Ly			FOR SE OF	FORM 24/48
Check if  24-hour report				FEC I	IDENTIFICATI	ON NUMBER ▼
Full Name of Payee   GetThru	۲	rogressive rumout Project		С	C00580068	
GetThru  Mailing Address PO Box 2690  City State Zip Code Alameda CA 94501-0690  Purpose of Expenditure Phone Program dial fees  Name of Federal Candidate BOLLIER, BARBARA, , Oppose Per Election for Office Sought  Full Name of Payee GetThru  Mailing Address PO Box 2690  City State Zip Code  Name of Federal Candidate BOLLIER, BARBARA, , Oppose President X Senate State XS  Calendar Year-To-Date Phone Program dial fees  Category' Thrue  Mailing Address PO Box 2690  City State Zip Code Amount  Tansaction ID : V0266ANDJG4  Date of Disbursement or Obligation President X Senate State XS  Disbursement For: Primary X Gene President X Senate State XS  Calendar Year-To-Date Phone Program dial fees  Tansaction ID : V0266ANDJG2  Amount  Tansaction ID : V0266ANDJG2  Tansac	Che	eck if 24-hour report 48-hour report New report Amends report filed		- M	/ D D /	Y = Y = Y = Y
Mailing Address PO Box 2690  City State Zip Code Tanasction D: VOZ66ANDJG4 Date of Disbursement or Obligation Propose of Expenditure Phone Program dial fees  Category/ Type  Name of Federal Candidate  BOLLIER, BARBARA, Oppose President X Senate State: XS  Calendar Year-To-Date Propose of Expenditure Phone Program dial fees  City State Zip Code  President X Senate State: XS  Calendar Year-To-Date Propose of Expenditure Phone Program dial fees  Category/ Type  Disbursement For: Primary X Gene 2020  Other (specify) ▶  Transaction ID: VOZ66ANDJG4  Date of Public Distribution/Dissemination GetThru  Mailing Address PO Box 2690  PO Box 2690  City State Zip Code  Purpose of Expenditure Phone Program dial fees  Category/ Type  Transaction ID: VOZ6GANDJH2  Date of Public Distribution/Dissemination 10 / 31 / 2020  Amount  Transaction ID: VOZ6GANDJH2  Date of Public Distribution/Dissemination GetThru  Category/ Type  Transaction ID: VOZ6GANDJH2  Date of Public Distribution/Dissemination of Code 1993.09  Transaction ID: VOZ6GANDJH2  Date of Public Distribution/Dissemination of Code 1993.09  Transaction ID: VOZ6GANDJH2  Date of Public Distribution/Dissemination 10 / 31 / 2020  Amount  Transaction ID: VOZ6GANDJH2  Date of Public Distribution/Dissemination of Code 1993.09  Transaction ID: VOZ6GANDJH2  Date of Public Distribution/Dissemination 10 / 31 / 2020  Other (specify) ▶  Calendar Year-To-Date President X Senate State: MI  Per Election for Office Sought 177770.97  Disbursement For: Primary X Gene 2020  Other (specify) ▶  2552.48  (b) SUBTOTAL of Unitemized Independent Expenditures. ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce			Date o	of Publ	lic Distribution	/Dissemination
PO Box 2690  City State Zip Code Alameda CA 94501-0690  Purpose of Expenditure Phone Program dal fees Calegory/ Type Office Sought Sonate State State Set Office Sought Po Box 2690  Alameda CA 94501-0690  Name of Federal Candidate Solution for Office Sought Solution for Office Sought Solution for Office Sought Solution for Office Solution for O			M			2020
City State Zip Code 94501-0690  Purpose of Expenditure Phone Program dial fees  Name of Federal Candidate BOLLIER, BARBARA, Oppose President X Senate State: KS  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure Phone Program dial fees  City State Zip Code President X Senate State: KS  Calendar Year-To-Date Primary X Gene Oppose Phone Program dial fees  Po Box 2690  City State Zip Code Phone Program dial fees  Category/ Type  Name of Federal Candidate Propose of Expenditure Program dial fees  Category/ Type  Name of Federal Candidate Propose of Expenditure Phone Program dial fees  Category/ Type  Name of Federal Candidate Per Election for Office Sought  Category/ Type  Name of Federal Candidate Per Election for Office Sought  Category/ Type  Category/ Type  Office Sought  Office Sought  Office Sought  Category/ Type  Office Sought  Office Sought  Office Sought  Office Sought  Category/ Type  Office Sought  Office Sough			Amour	nt		
Alameda  CA  94501-0690  Purpose of Expenditure Phone Program dial fees  Name of Federal Candidate BOLLIER, BARBARA  Qoppose President  X Support Qother (specify)  Full Name of Payee GetThru  Mailing Address PO Box 2690 City Alameda CA  94501-0690  Purpose of Expenditure Phone Program dial fees  Category/ Type  Date of Public Distribution/Dissemination  Transaction ID: VQZ6GANDJG4 Date of Disbursement or Obligation  Polisbursement For: Primary  X Gene Polisbursement For: Qould Date of Public Distribution/Dissemination  Transaction ID: VQZ6GANDJG4  Date of Public Distribution/Dissemination  Transaction ID: VQZ6GANDJH2  Date of Public Distribution/Dissemination  Transaction ID: VQZ6GANDJH2  Date of Disbursement or Obligation  Transaction ID: VQZ6GANDJH2  Date of Public Distribution/Dissemination  Transaction ID: VQZ6GANDJH2  Date of Disbursement or Obligation  Transaction ID: VQZ6GANDJH2  Date of Disbursement or Obligation  Transaction ID: VQZ6GANDJH2  Date of Disbursement For: Primary  Transaction ID: VQZ6GANDJH2  Date o	ŀ		1 .			559.39
Purpose of Expenditure Phone Program dial fees						NDJG4
BOLLIER, BARBARA,		Phone Program dial fees		- M	/ D D /	Y Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  S5540.83  Disbursement For:  Disbursement For:  Date of Public Distribution/Dissemination  Amount  Date of Public Distribution/Dissemination  Tansaction ID: VQZ6GANDJH2  Date of Disbursement or Obligation  Purpose of Expenditure Phone Program dial fees  Name of Federal Candidate PETERS, GARY  Calendar Year-To-Date Per Election for Office Sought  T77770.97  Disbursement For:  Primary  Amount  Disbursement Tor:  Disbursement For:  Primary  Amount  Disbursement or Obligation  President  Amount  Disbursement For:  Primary  Amount  Disbursement For:  Primary  Amount  Disbursement For:  Primary  Amount  Disbursement For:  Primary  Amount  Disbursement or Obligation  Disbursement For:  Primary  Amount  Disbursement For:  Primary  Amount  Disbursement For:  Primary  Amount  Disbursement For:  Primary  Disbursement For:  Primary  Amount  Disbursement For:  Primary  Amount  Disbursement For:  Primary  Disbursement For:  Pri		Name of Federal Candidate Support Office	e Sough	t:	House	District: 00
Per Election for Office Sought  Full Name of Payee  GetThru  Mailing Address PO Box 2690 PO Box 2690 City State Zip Code Alameda CA 94501-0690  Purpose of Expenditure Phone Program dial fees  Name of Federal Candidate PETERS, GARY,  Calendar Year-To-Date Per Election for Office Sought  Total 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 conce		POLLIED DADDADA	Preside	ent	<b>✗</b> Senate	State: KS
Full Name of Payee GetThru  Mailing Address PO Box 2690  City State Zip Code Amount  Purpose of Expenditure Phone Program dial fees  Name of Federal Candidate PETERS, GARY, , Oppose Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  T77770.97  Date of Public Distribution/Dissemination  Amount  Amount  Date of Public Distribution/Dissemination  Table / 10 / 31 / 2020  Transaction ID: VQZ6GANDJH2 Date of Disbursement or Obligation  Transaction ID: VQZ6GANDJH2 Date of Disbu		Calcital Teal to Bate	)			General
GetThru         Mailing Address PO Box 2690         City       State       Zip Code         Alameda       CA       94501-0690         Purpose of Expenditure Phone Program dial fees       Category/ Type       Date of Disbursement or Obligation         Name of Federal Candidate PETERS, GARY,       Valential Support       Office Sought       House District: 00         Calendar Year-To-Date Per Election for Office Sought       President I Senate State: MI         Calendar Year-To-Date Per Election for Office Sought       Disbursement For: Primary I Gene         (a) SUBTOTAL of Itemized Independent Expenditures       Other (specify) Image: Color of the		Full Name of Pavee				Discomination
Mailing Address PO Box 2690  City State Zip Code 1993.09  Alameda CA 94501-0690  Purpose of Expenditure Phone Program dial fees Category/ Type  Name of Federal Candidate PETERS, GARY,  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce				- M	/ D D /	Y Y Y Y Y Y
City State Zip Code 1993.09  Alameda CA 94501-0690 Transaction ID : V026GANDJH2 Date of Disbursement or Obligation  Purpose of Expenditure Phone Program dial fees Category/ Type 10 10 31 2020  Name of Federal Candidate PETERS, GARY, , Oppose President X Senate State: MI  Calendar Year-To-Date Per Election for Office Sought 177770.97  Calendar Year-To-Date Per Election for Office		Mailing Address PO Box 2690	Amou		ŭ,	2020
Alameda  CA  94501-0690  Transaction ID: VQZ6GANDJH2 Date of Disbursement or Obligation  Purpose of Expenditure Phone Program dial fees  Category/ Type  Name of Federal Candidate PETERS, GARY, , Oppose President  Senate  State: MI  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: VQZ6GANDJH2 Date of Disbursement or Obligation  Office Sought: House District: OC  President  Senate State: MI  Disbursement For: Primary  Other (specify)  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce				-		
Purpose of Expenditure Phone Program dial fees  Category/ Type  Name of Federal Candidate PETERS, GARY, , , Oppose President			Transa	ction	ID : VQZ6GAN	
Phone Program dial fees    Name of Federal Candidate		Purpose of Evpanditure	Date of	of Disk	oursement or	Obligation
PETERS, GARY, , , Oppose President X Senate State: MI  Calendar Year-To-Date Per Election for Office Sought 177770.97 Disbursement For: Primary Gene 2020 Other (specify) >  (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent (c) Total I		Phone Program dial fees				
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 concertification.		Name of Federal Candidate Support Office	ce Sough	t:	House	District: 00
Per Election for Office Sought  177770.97  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures		PETERS, GARY, , , Oppose	Preside	ent	<b>X</b> Senate	State: MI
(a) SUBTOTAL of Itemized Independent Expenditures		202	0			y <b>X</b> General
(c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce		(a) SUBTOTAL of Itemized Independent Expenditures		-	7	2552.48
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce	(	(b) SUBTOTAL of Unitemized Independent Expenditures		-7	7	
		(c) TOTAL Independent Expenditures			7	
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 politic party committee) any political party committee or its agent.	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either				
Pascal, Harry, , ,  [Electronically Filed] Date 11 01 2020		[E1	11 /			
Signature		Dutc				

PAGE 4

OF

10

Schedule E)	LIVI EXI END	HONES		PAGE 5 OF 10 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 report	▼ New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
GetThru			M 10	M / D D / Y Y Y Y
Mailing Address PO Box 2690			Amount	
PO Box 2690				
City	State	Zip Code		1314.27
Alameda	CA	94501-0690		tion ID : VQZ6GANDJJ0 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
CUNNINGHAM, CAL, , ,		Oppose	President	NC NC
Calendar Year-To-Date Per Election for Office Sought		141181.72	Disbursement F	For: Primary Seneral Primary Primary For (specify)
Full Name of Payee				Public Distribution/Dissemination
GetThru			M 10	M / D D / Y Y Y Y
Mailing Address PO Box 2690				31 2020
PO Box 2690			Amount	
City	State	Zip Code		2421.05
Alameda	CA	94501-0690		ion ID : VQZ6GANDJK7 Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	M 10	
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
HARRISON, JAIME, , ,		Oppose	President	Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		83744.96	Disbursement F 2020 Othe	For: Primary <b>X</b> General er (specify) ►
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	3735.32
				7
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•	4
(c) TOTAL Independent Expenditures			•	7   7   1 0
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 authorized			
Pascal, Harry, , , Signature	[Electron	nically Filed] Date		01 2020
S.g.iataio				

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

Schedule E)	THE EXILENCE	ATTOTILE O		PAGE 6 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Progressive Turnout Project				C00580068
Check if 24-hour report 48-hour report	X New re	port Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Paychex			Date of	Public Distribution/Dissemination
Mailing Address 911 Panorama Trl S			10	31 2020
O'the	01-1-	7's Oads		00700.05
City  Rochester	State NY	Zip Code 14625-2311		33792.25 tion ID : VQZ6GANDJM5 Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	M 10	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	77	2068810.99	Disbursement F 2020 Othe	For: Primary <b>X</b> General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Paychex			M 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S			Amount	0 01 1020
City	State	Zip Code		3352.80
Rochester	NY	14625-2311		ion ID : VQZ6GANDJN3 Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	10	31 2020
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:00
KELLY, MARK, , ,		Oppose	President	Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		124524.64	Disbursement F 2020 Oth	For: Primary <b>X</b> General er (specify) ▶
(a) CURTOTAL of Harrison Indonesiant Funesiality				
(a) SUBTOTAL of Itemized Independent Expenditu	ires		•	37145.05
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· ·	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize			
Pascal, Harry, , ,	[Electro	nically Filed] Date		01 2020
Signature				

Schedule E)	THE ON THE INDEP	ENDENT EXPEND	TOTILS		PAGE 7 OF 10 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Progressiv	e Turnout Project				C C00580068
Check if X 24	-hour report 48-hour I	report New report	ort Amends repo		M / D = D / Y = Y = Y
Full Name o	f Payee			Date	of Public Distribution/Dissemination
Payche					10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addr	ess 911 Panorama Trl S			Amou	nt
City		State	Zip Code		946.76
Rochester		NY	14625-2311		saction ID : VQZ6GANDJP1 of Disbursement or Obligation
Purpose of I Staff Time F			Category/ Type		10 31 / 2020
Name of Fe	deral Candidate		<b>x</b> Support	Office Sough	nt: House District: 00
HICKENLO	OPER, JOHN W., , ,		Oppose	Presid	
	ar Year-To-Date ction for Office Sought	,	117808.26	Disbursemer 2020	nt For:
Full Name of				Date	of Public Distribution/Dissemination
Paychex					10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Add	<sup>'ess</sup> 911 Panorama Trl S			Amou	ınt
City		State	Zip Code		3137.37
Rochester		NY	14625-2311		action ID: VQZ6GANDJQ9 of Disbursement or Obligation
Purpose of Staff Time I			Category/ Type		10 / 31 / 2020
Name of Fe	deral Candidate		<b>x</b> Support	Office Sough	nt: House District: 00
OSSOFF, T	. JONATHAN, , ,		Oppose	Presid	ent Senate State: GA
	ar Year-To-Date ection for Office Sought	7	104994.43	Disbursemer 2020	nt For:
(a) SUBTOTA	<b>AL</b> of Itemized Independent I	Expenditures			4084.13
( )	·	•			7 7 7
(b) SUBTOTA	AL of Unitemized Independen	nt Expenditures		· •	
(c) TOTAL In	dependent Expenditures			·· •	7 7 7
with, or at the		ny candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Signature	Pascal, Harry, , ,	[Electron	ically Filed] Date	e 11	01 2020
Signature					

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

	medule Ly			FOR SE O	F FORM 24/4	8
	ME OF COMMITTEE (In Full)	F	EC ID	ENTIFICAT	ION NUMBE	R▼
۲	rogressive Turnout Project		C	C00580068		
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on	M /	D   D /	Y Y Y Y	Y
	Full Name of Payee	Date of	Public	Distribution	n/Disseminatio	on
	Paychex	M 10		31	2020	Y
	Mailing Address 911 Panorama Trl S	Amount				
	City State Zip Code	Г.			3045.09	
	Rochester NY 14625-2311			D: VQZ6GA rsement or		_
	Purpose of Expenditure Staff Time Phone Calls  Category/ Type	1 1	M /	31	2020	Y
	Name of Federal Candidate Support Office	Sought:		House	District:0	00
	WARNOCK, RAPHAEL, , ,	President	<b>.</b>	<b>S</b> enate	State: G	<u>A</u>
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	rsement F		Primar	y Gen Special Gene	
	Full Name of Payee Paychex		Public /		n/Disseminatio	
	Mailing Address 911 Panorama Trl S	Amount				
	City State Zip Code	1:			1966.00	)
				: VQZ6GÁ rsement or		
	Purpose of Expenditure Staff Time Phone Calls  Category/ Type	1 d		31	2020	Y
	Name of Federal Candidate Support Office	Sought:		House	District:(	00
	GREENFIELD, THERESA, , ,	Presiden	t >	Senate	State:	Α
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2020	rsement I		Primarecify) ►	ry 🗶 Ger	neral
	(a) SUBTOTAL of Itemized Independent Expenditures		-T-		5011.09	
	(b) SUBTOTAL of Unitemized Independent Expenditures		7			
	(c) TOTAL Independent Expenditures		7			
,	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 11		01		20	
	Signature					

PAGE 8

OF

10

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

Schedule E)	WI EXILID	TOTILO		PAGE 9 OF 10 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	ort Amends repo		M / D D / Y D Y D Y
Full Name of Payee Paychex				of Public Distribution/Dissemination
Mailing Address 911 Panorama Trl S			Amou	10 31 2020 nt
City	State	Zip Code		2267.45
City  Rochester	NY	14625-2311		2267.45  action ID : VQZ6GANDJT1  of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		10 31 2020
Name of Federal Candidate		<b>✗</b> Support	Office Sough	t: House District: 00
BOLLIER, BARBARA, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	55540.83	Disbursemen 2020 O	t For: Primary <b>x</b> General ther (specify) ▶
Full Name of Payee	<u> </u>		Date	of Public Distribution/Dissemination
Paychex			IV	10 31 2020
Mailing Address 911 Panorama Trl S			Amou	
City	State	Zip Code	— IT.	3629.86
Rochester	NY	14625-2311	Transa Date	ction ID : VQZ6GANDJV9 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	TV	10 31 2020
Name of Federal Candidate		<b>x</b> Support	Office Sough	t: House District: 00
PETERS, GARY, , ,		Oppose	Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	177770.97	Disbursemen 2020	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		▶	5897.31
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·· •	7 1 7 1 7
(c) TOTAL Independent Expenditures				7 1 7 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Pascal, Harry, , ,	[Electron	ically Filed] Date	e 11	01 2020
Signature				

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

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۲	Progressive Turnout Project	C C00580068
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Paychex	10 31 2020
	Mailing Address 911 Panorama Trl S	Amount
	City State Zip Code	3161.54
	Rochester NY 14625-2311	Transaction ID : VQZ6GANDJW7 Date of Disbursement or Obligation
	Purpose of Expenditure Staff Time Phone Calls  Category/ Type	M M M / 31 / 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: House District: 00
	CUNNINGHAM, CAL, , , Oppose	President State: NC
	Calcinati Total To Bato	rsement For: Primary X General
	Per Election for Office Sought 141181.72 2020	Other (specify) ▶
	Full Name of Payee Paychex	Date of Public Distribution/Dissemination
	Mailing Address 911 Panorama Trl S	10 31 2020
		Amount
	City State Zip Code	6877.15
	Rochester NY 14625-2311	Transaction ID : VQZ6GANDJX4  Date of Disbursement or Obligation
	Purpose of Expenditure Staff Time Phone Calls  Category/ Type	10 31 / 2020
	Name of Federal Candidate Support Office	e Sought: House District: 00
	HARRISON, JAIME, , ,	President Senate State: SC
	Calendar Year-To-Date Per Election for Office Sought  Disbute 2020	other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures	10038.69
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	85766.42
	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	
	Signature	

PAGE 10

OF

10