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

Schedule E)	FOR SE OF FORM 24/48
IAME 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 M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Hustle, Inc. [MEMO ITEM] *	11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 251 Kearny St	
Ste 300	Amount
City State Zip Code	17993.00
San Francisco CA 94108-4544	Transaction ID : VSG8M9TWQT6 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Digital Communications Category/ Type 004	M M / D D / Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
CLINTON, HILLARY RODHAM, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Redfern, Jacob, , , [MEMO ITEM]	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 935 Craig St	Amount
	Amount
City State Zip Code	80.00
McKeesport PA 15132-1827	Transaction ID: VSG8M9TWQV4 Date of Disbursement or Obligation
Purpose of Expenditure Postage Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
CLINTON, HILLARY RODHAM, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary General Other (specify) ▶
(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 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.	· · · · · · · · · · · · · · · · · · ·
Bidel-Niyat, Shirin, , , [Electronically Filed] Date	1 07 2016
Signature	

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

Sofication E)	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 = M / D = D / Y = Y = Y	
Full Name of Payee Dat	te of Public Distribution/Dissemination	
Redfern, Jácob, , , x	11 04 2016	
Mailing Address 935 Craig St	nount	
City State Zip Code	80.00	
McKeesport PA 15132-1827 Tra	nnsaction ID : VSG8M9TWQW2 te of Disbursement or Obligation	
Purpose of Expenditure Postage Category/ Type 004	M M / D D / Y Y Y Y	
Name of Federal Candidate X Support Office Sou	ught: House District:	
McGinty, Kathleen Alana, , , Oppose Pres	sident Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	nent For: Primary General Other (specify) ▶	
The Contact Group, Inc. X Mailing Address PO Box 187 City State Zip Code Grasonville MD 21638-0187 Purpose of Expenditure Estimated Cost for Robocalls Name of Federal Candidate Transport Name of Federal Candidate X Support Office Source FENNOLE RELIGIOUS AND AND ADDRESS AND AND ADDRESS AND ADDR	te of Public Distribution/Dissemination M	
FEINGOLD, RUSSELL DANA, , , Calendar Year-To-Date Disbursen	sident X Senate State: WI nent For: Primary X General	
Per Election for Office Sought 236588.45	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	0.00	
(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.		
Bidel-Niyat, Shirin, , , [Electronically Filed] Date 11	/ 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

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

	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 M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
The Contact Group, Inc.	11 06 2016
Mailing Address PO Box 187	Amount
City State Zip Code	3047.10
Grasonville MD 21638-0187	Transaction ID: VSG8M9TWQM9 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Robocalls Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	Sought: House District:
CLINTON, HILLARY RODHAM, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	Primary General
Full Name of Page	Other (specify)
Full Name of Payee The Contact Group, Inc. *	Date of Public Distribution/Dissemination M M / D D / 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	3047.11
Grasonville MD 21638-0187	Transaction ID : VSG8M9TWQN7 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Robocalls Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
MURPHY, PATRICK E, , , Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary ✓ General Other (specify) ✓
(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 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.	
Bidel-Niyat, Shirin, , , [Electronically Filed] Date 1	1 07 2016
Signature	

PAGE

OF

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

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼
For Our Future	C00620971
	C0002097 1
Check if X 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Date of Pu	ublic Distribution/Dissemination
USPS X * Mailing Address	04 / 2016
Mailing Address 1050 Connecticut Ave NW Amount	
City State Zip Code	1275.88
Washington DC 20036-5303 Transaction	on ID : VSG8M9TWQX0 sbursement or Obligation
Purpose of Expenditure Postage Category/ Type 004	
Name of Federal Candidate X Support Office Sought:	House District:
CLINTON, HILLARY RODHAM, , ,	Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	r: Primary x General (specify) ▶
Full Name of Payee Date of Pu	ublic Distribution/Dissemination
USPS * 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1050 Connecticut Ave NW Amount	
City State Zip Code	1275.87
Washington DC 20036-5303 Transaction	n ID : VSG8M9TWQY8 sbursement or Obligation
Purpose of Expenditure Postage Category/ Type 004	/ D D / Y Y Y Y Y
Name of Federal Candidate X Support Office Sought:	House District:
McGinty, Kathleen Alana, , , Oppose President	Senate State: PA
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	18073.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Bidel-Niyat, Shirin, , , [Electronically Filed] Date 11 0	
Signature	