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

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 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	09 13 2020 Amount
PO Box 2690	, and an
City State Zip Code	21227.14
Alameda CA 94501-0690	Transaction ID : VQZ6GAMTEY5  Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees  Category/ Type	09 13 / Y 2020
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	09 13 2020
Mailing Address PO Box 2690	
PO Box 2690	Amount
City State Zip Code	5708.00
Alameda CA 94501-0690	Transaction ID : VQZ6GAMTEZ3 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees  Category/ Type	M M / D D Z Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Foderal Condidate	e Sought: House District: 00
HICKENLOOPER, JOHN W., , ,	
D. I.	President Senate State: CO  ursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought  54134.03  Disbt 2020	
(a) SUBTOTAL of Itemized Independent Expenditures	26935.14
	7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
• • • • • • • • • • • • • • • • • • •	7 7 7
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 eithe party committee) any political party committee or its agent.	
Pascal, Harry, , ,  [Electronically Filed] Data 0	M / D D / Y Y Y Y
Signature Date 0	9 14 2020

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

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	ort Amends report file	d on M M M / D D / Y Y Y Y Y
Full Name of Payee  GetThru		Date of Public Distribution/Dissemination
Germin		09 13 Y Y Y Y Y
Mailing Address PO Box 2690		Amount
PO Box 2690		Amount
City State	Zip Code	4548.10
Alameda CA	94501-0690	Transaction ID : VQZ6GAMTF01 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/ Type	09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
OSSOFF, T. JONATHAN, , ,	Oppose	President Senate State: GA
Calendar Year-To-Date	Disb	pursement For: Primary X General
Per Election for Office Sought	24280.01 2020	
Full Name of Payee  GetThru		Date of Public Distribution/Dissemination
		09 13 2020
Mailing Address PO Box 2690		Amount
PO Box 2690		
City State	Zip Code	4414.33
Alameda CA	94501-0690	Transaction ID : VQZ6GAMTF18  Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/ Type	09 / 13 / 2020
Name of Federal Candidate	Support Office	ce Sought: House District:00
WARNOCK, RAPHAEL, , ,	Oppose	President Senate State: GA
Calendar Year-To-Date	Dist	pursement For: Primary General
Per Election for Office Sought	23565.88	0
(a) SUBTOTAL of Itemized Independent Expenditures	·····	8962.43
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(a) TOTAL Independent Everanditures		
(c) TOTAL Independent Expenditures	<b>•</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	09 14 2020
Signature		

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	ENT EXILIB	ITOTILO		PAGE 3 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Progressive Turnout Project			С	C00580068
Check if 24-hour report <b>X</b> 48-hour report	X New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
GetThru			09	13 2020
Mailing Address PO Box 2690			Amount	
PO Box 2690				
City	State	Zip Code		2922.01
Alameda	CA	94501-0690		n ID: VQZ6GAMTF26 sbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	09	13 2020
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	1 7 1 1 7	12314.55	Disbursement For 2020 Other	: Primary <b>X</b> General (specify) ▶
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
GetThru			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690			A	
PO Box 2690			Amount	
City	State	Zip Code		4047.63
Alameda	CA	94501-0690		n ID: VQZ6GAMTF34 sbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	09	13 2020
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
CUNNINGHAM, CAL, , ,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		43113.19	Disbursement For 2020 Other	: Primary   ✓ General  (specify)   ✓
(a) SUBTOTAL of Itemized Independent Expendent	litures			6969.64
				4
(b) SUBTOTAL of Unitemized Independent Expe	enditures		• •	7
(c) TOTAL Independent Expenditures			·	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 authorized			
Pascal, Harry, , ,	[Electron	ically Filed] Date	09 / 14	
g				

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	NI EXI END	HONES		PAGE 4 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project				C C00580068
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo		*M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
GetThru			M	09 13 2020
Mailing Address PO Box 2690			Amour	nt
PO Box 2690				
City	State	Zip Code		3768.41
Alameda	CA	94501-0690		action ID: VQZ6GAMTF42 of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	M	09 13 / 2020
Name of Federal Candidate		<b>✗</b> Support	Office Sought	: House District: 00
HARRISON, JAIME, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	38421.22	Disbursement 2020 Ot	t For: Primary <b>X</b> General ther (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
Paychex			М	09 / 13 / 2020
Mailing Address 911 Panorama Trl S			Amou	nt
City	State	Zip Code	— I	58896.08
Rochester	NY	14625-2311		ction ID : VQZ6GAMTEQ9  of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	М	09 13 2020
Name of Federal Candidate		<b>x</b> Support	Office Sough	t: House District:00
BIDEN, JOSEPH R JR, , ,		Oppose	<b>X</b> Preside	ent Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	7	563336.96	Disbursement 2020 O	t For: Primary <b>X</b> General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			62664.49
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		. —	
(a) 30210112 of Officering Masperlatine Experie				4 1 4 1 4 1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Pascal, Harry, , , Signature	[Electron	nically Filed] Date	e 09	14 2020
•				

# 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 48-hour report New report	Amends report filed on	*M / D D / Y = Y = Y
Full Name of Payee	Date o	of Public Distribution/Dissemination
Paychex		09 13 2020
Mailing Address 911 Panorama Trl S	Amour	nt
City State Zip	Code	15865.00
	25-2311 Transa	action ID : VQZ6GAMTER7 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		09 13 2020
Name of Federal Candidate	<b>✗</b> Support Office Sought	t: House District:00
HICKENLOOPER, JOHN W., , ,	Oppose Preside	ent Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 54	Disbursement 2020	t For: Primary <b>X</b> General
Full Name of Payer		
Full Name of Payee Paychex	Date	of Public Distribution/Dissemination  9 13 2020
Mailing Address 911 Panorama Trl S	Amour	
City State Zip	Code	10102.20
	S25-2311 Transa	ction ID : VQZ6GAMTES5 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls	tegory/	09 / 13 / 2020
Name of Federal Candidate	X Support Office Sough	t: House District: 00
OSSOFF, T. JONATHAN, , ,	Oppose Preside	ent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 2-	Disbursement 2020 O	t For: Primary ★ General ther (specify) ★
(a) SUBTOTAL of Itemized Independent Expenditures	······	25967.20
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	· ·	7
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
Pascal, Harry, , ,  [Electronically	Filed] Date 09	14 2020
Signature		

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

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
Full Name of Payee	Date of Public Distribution/Dissemination
Paychex	09 13 / Y Y Y Y Y
Mailing Address 911 Panorama Trl S	Amount
City State Zip Code	9805.07
Rochester NY 14625-2311	Transaction ID: VQZ6GAMTET3  Date of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls  Category/ Type	09 / 13 / 2020
Name of Federal Candidate Support	ort Office Sought: House District: 00
WARNOCK, RAPHAEL, , ,	See President X Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 23565.88	Disbursement For: ☐ Primary ☐ General 2020
Full Name of Payee	Date of Public Distribution/Dissemination
Paychex	09 13 / Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S	Amount
City State Zip Code	9392.54
Rochester NY 14625-2311	Transaction ID: VQZ6GAMTEV1  Date of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls  Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
SHAHEEN, JEANNE, , ,	se President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary Seneral 2020 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	19197.61
(b) SUBTOTAL of Unitemized Independent Expenditures	······ <b>&gt;</b>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agreement party committee) any political party committee or its agent.	
Pascal, Harry, , , [Electronically Filed]	Date 09 14 2020
Signature	

# 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 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Paychex	09 13 2020
Mailing Address 911 Panorama Trl S	mount
City State Zip Code	10697.22
Rochester NY 14625-2311 Ti	ransaction ID : VQZ6GAMTEW9 ate of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls  Category/ Type	09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
CUNNINGHAM, CAL, , ,	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburse 2020	ement For: Primary Seneral
	Other (specify)
Full Name of Payee Paychex	Date of Public Distribution/Dissemination
Mailing Address 911 Panorama Trl S	09 13 2020 Imount
City State Zip Code	11596.21
D	ansaction ID: VQZ6GAMTEX7 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls  Category/ Type	09 / 13 / 2020
Name of Federal Candidate Support Office So	ought: House District:00
HARRISON, JAIME, , ,	resident Senate State: SC
Calendar Year-To-Date Per Election for Office Sought  Disburse 2020	ement For: Primary   General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	22293.43
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	172989.94
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Pascal, Harry, , ,  [Electronically Filed] Date 09	14 2020
Signature	

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