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

Schedule E)		PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
AMERICA PROGRESS COMMITTEE		C C00668376
		M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New rep	port X Amends report f	
Full Name of Payee R Strategy Group		Date of Public Distribution/Dissemination
		10 12 7 2018
Mailing Address 812 Huron Rd		Amount
Suite 890 City State	Zip Code	7184.47
Cleveland OH	44115	Transaction ID : WFT20189121428-1 Date of Disbursement or Obligation
Purpose of Expenditure Postage	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	✗ Support O	office Sought: House District: 03
Axne, Cindy, , ,	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		oisbursement For: ☐ Primary X General ☐ Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
R Strategy Group		10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 812 Huron Rd		Amount
Suite 890		
City State Cleveland OH	Zip Code 44115	6324.27 Transaction ID: WFT20189121425-1 Date of Disbursement or Obligation
Purpose of Expenditure Printing & List	Category/ Type	09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	✗ Support C	Office Sought: House District: 03
Axne, Cindy, , ,	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		oisbursement For: Primary General 018 Other (specify)
		
(a) SUBTOTAL of Itemized Independent Expenditures		13508.74
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	
	nically Filed] Date	02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXTEND	ITOTILO		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
AMERICA PROGRESS COMMIT	IEE			C C00668376
Check if 24-hour report 48-hour report	New rep	ort X Amends repo		12 03 2018
Full Name of Payee R Strategy Group				of Public Distribution/Dissemination
Mailing Address 812 Huron Rd			— L	10 12 2018
Suite 890			Amo	unt
City	State	Zip Code		6474.93
Cleveland	ОН	44115		saction ID : WFT20189121415-1 of Disbursement or Obligation
Purpose of Expenditure Printing & List		Category/ Type		09 / 24 / 2018
Name of Federal Candidate		X Support	Office Soug	ht: X House District: 07
Harbaugh, Ken, , ,		Oppose	Presid	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 ,	6474.93	Disburseme 2018	nt For: Primary ✗ General Other (specify) ▶
Full Name of Payee R Strategy Group			Date	of Public Distribution/Dissemination
Mailing Address			[M 10
5 012 Haron St			Amo	unt
Suite 890	State	Zip Code		7171.14
Cleveland	ОН	44115		action ID: WFT20189121418-1 of Disbursement or Obligation
Purpose of Expenditure Postage		Category/ Type		09 / 24 / 2018
Name of Federal Candidate		✗ Support	Office Soug	ht: X House District: 07
Harbaugh, Ken, , ,		Oppose	Presid	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		13646.07	Disburseme 2018	ont For: Primary
(a) SUBTOTAL of Itemized Independent Exper	ditures			13646.07
(b) SUBTOTAL of Unitemized Independent Exp	penditures			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorized			
Austin, Jerry, , , Signature	[Electron	ically Filed] Date	9 02	12 / 2019

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IVI EXI END	ITOTILO		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	· -			FEC IDENTIFICATION NUMBER ▼
AMERICA PROGRESS COMMITTE	:E			C C00668376
Check if 24-hour report 48-hour report	New rep	ort X Amends repo		12 03 2018
Full Name of Payee R Strategy Group				of Public Distribution/Dissemination
Mailing Address 812 Huron Rd			L	10 12 2018
Suite 890			Amo	unt
City	State	Zip Code	$-\Gamma$	6535.53
Cleveland	ОН	44115		saction ID : WFT20189121420-1 of Disbursement or Obligation
Purpose of Expenditure Printing & List		Category/ Type		09 / 24 / 2018
Name of Federal Candidate		x Support	Office Soug	ht: X House District: 01
Williams, Kathleen, , ,		Oppose	Presid	dent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7 1 7	6535.53	Disburseme	nt For: Primary x General Other (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
R Strategy Group			[10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 812 Huron Rd			Amo	unt
Suite 890				
City	State	Zip Code		7093.68
Cleveland	OH	44115		of Disbursement or Obligation
Purpose of Expenditure Postage		Category/ Type] [M 09 / 24 / Y 2018
Name of Federal Candidate		✗ Support	Office Soug	ht: K House District: 01
Williams, Kathleen, , ,		Oppose	Presid	dent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7 7	13629.21	Disburseme 2018	ont For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures		· [13629.21
(b) SUBTOTAL of Unitemized Independent Expen	ditures		, <u> </u>	
				7 7 7
(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.				
Austin, Jerry, , ,	[Electron	ically Filed] Date	9 02	12 2019
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TIONES	PAGE 4 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
AMERICA PROGRESS COMMITTEE		C C00668376	
Check if 24-hour report 48-hour report New rep	poort X Amends report	filed on 12 03 2018	
Full Name of Payee		Date of Public Distribution/Dissemination	
R Strategy Group		10 12 2018	
Mailing Address 812 Huron Rd		Amount	
Suite 890			
City State	Zip Code	6955.96	
Cleveland OH	44115	Transaction ID: WFT20189121436-1 Date of Disbursement or Obligation	
Purpose of Expenditure Postage	Category/ Type	09	
Name of Federal Candidate	Support C	office Sought: House District: 08	
Tipireni, Hiral, , ,	Oppose	President Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		oisbursement For: Primary General O18 Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination	
R Strategy Group		10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 812 Huron Rd			
Suite 890		Amount	
City State	Zip Code	6330.57	
Cleveland OH	44115	Transaction ID : WFT20189121429-1 Date of Disbursement or Obligation	
Purpose of Expenditure Printing & List	Category/ Type	09 / 24 / 2018	
Name of Federal Candidate	x Support C	Office Sought: House District: 08	
Tipireni, Hiral, , ,	Oppose	President Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary	
-			
(a) SUBTOTAL of Itemized Independent Expenditures)	13286.53	
(b) SUBTOTAL of Unitemized Independent Expenditures)		
(c) TOTAL Independent Expenditures	······································	54070.55	
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.			
	nically Filed] Date	02	
Signature	'		