## 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 ▼
For Our Future	C C00620971
Check if X 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee For Our Future Action Fund	Date of Public Distribution/Dissemination
	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 34390	Amount
City State Zip Code	20.00
Washington DC 20043-4390	Transaction ID : VSG8MA33F21 Date of Disbursement or Obligation
Purpose of Expenditure Phone Banking Services (Estimate)  Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Offi	ce Sought: House District: 00
DEMINGS, VAL, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought  Dis 202	bursement For: Primary <b>X</b> General 2 Other (specify) ▶
Full Name of Payee For Our Future Action Fund	Date of Public Distribution/Dissemination
	11 02 7 2022
Mailing Address PO Box 34390	Amount
City State Zip Code	20.00
Washington DC 20043-4390	Transaction ID : VSG8MA33F13 Date of Disbursement or Obligation
Purpose of Expenditure Digital Communications Services (Estimate)  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offi	ice Sought: House District: 00
BARNES, MANDELA, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought  Dis 202	bursement For: Primary <b>X</b> General 22 Other (specify) ▶
·	
(a) SUBTOTAL of Itemized Independent Expenditures	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Unger, Ben, , ,  [Electronically Filed] Date	11 03 2022
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LXI LIIDI	TOTILO		PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
For Our Future				C00620971
Check if 24-hour report 48-hour report	× New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Data of	Public Distribution/Dissemination
For Our Future Action Fund			Date of	M / D D / Y Y Y Y
Mailing Address PO Box 34390			Amount	
City	State	Zip Code		6082.47
Washington	DC	20043-4390	tion ID: VSG8MA33F05 Disbursement or Obligation	
Purpose of Expenditure Canvassing Services (Estimate)		Category/ Type	M	
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
BARNES, MANDELA, , ,		Oppose	President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		350659.00	Disbursement F 2022 Othe	for: Primary <b>X</b> General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Wildfire Contact LLC			M 1	
Mailing Address 290 Broadway			Amount	
Ste 132				
City S Methuen	State MA	Zip Code 01844-6827		624.34 ion ID : VSG8MA33F47
Purpose of Expenditure Canvassing Literature Printing, Production, and Shippir (Estimate)	ng	Category/ Type		Disbursement or Obligation
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
BARNES, MANDELA, , ,		Oppose	President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		350659.00	Disbursement F 2022 Othe	For: Primary <b>X</b> General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			·	6706.81
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized			
Unger, Ben, , ,	[Electroni	ically Filed] Date		03 2022
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## 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 ▼			
For Our Future	C C00620971			
	o			
Check if X 24-hour report 48-hour report New report Amends report file	d on M M M / D D / Y Y Y Y Y			
Full Name of Payee Scale to Win	Date of Public Distribution/Dissemination			
	11 02 / 2022			
Mailing Address 13742 Harper St	Amount			
City State Zip Code	915.00			
Santa Ana CA 92703-1419	Transaction ID : VSG8MA33F39 Date of Disbursement or Obligation			
Purpose of Expenditure Phone Bank (Estimate)  Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate  Support  Office	ce Sought: House District: 00			
DEMINGS, VAL, , ,	President Senate State: FL			
Calendar Year-To-Date Per Election for Office Sought  Disb. 2022	oursement For: Primary General  Other (specify)			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M M / D D / Y Y Y Y			
Mailing Address	Amount			
City State Zip Code				
Oity State Zip Gode				
Purpose of Expenditure	Date of Disbursement or Obligation			
Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office	ce Sought: House District:			
Oppose	President Senate State:			
	oursement For: Primary General			
Per Election for Office Sought	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	915.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	7661.81			
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.				
· Bato	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				