Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	
	C C00580068
Check if X 24-hour report 48-hour report New report Amend	Is report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Berlin Rosen Ltd	M = M / D = D / Y = Y = Y
Mailing Address 15 Maiden Ln	10 31 2018
Ste 1600	Amount
City State Zip Code	61000.00
New York NY 10038-5111	Transaction ID : VQZ6GAGXZ82  Date of Disbursement or Obligation
Purpose of Expenditure Digital Ads  Category/ Type	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Supp	port Office Sought:
PINGREE, CHELLIE M, , ,	
Calendar Year-To-Date Per Election for Office Sought 61000.00	Disbursement For:  Primary  General 2018
Full Name of Payee Berlin Rosen Ltd	Date of Public Distribution/Dissemination
Mailing Address 15 Maiden I n	10 31 2018
10 Waldelf Eff	Amount
Ste 1600 City State Zip Code	39000.00
New York NY 10038-5111	Transaction ID: VQZ6GAGXZ99
Purpose of Expenditure  Category/	Date of Disbursement or Obligation
Digital Ads Type	10 31 2018
Name of Federal Candidate	port Office Sought:   M House District: 02
GOLDEN, JARED, , ,	ose President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 91700.92	Disbursement For:  Primary  General 2018
(a) SUBTOTAL of Itemized Independent Expenditures	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL OF CHIROTIESCU Macpendent Experiorates	
(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 a party committee) any political party committee or its agent.	
Pascal, Harry, , ,  [Electronically Filed]	Date 10 31 2018
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	C C00580068
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends rep	
Full Name of Payee North Shore Printers	Date of Public Distribution/Dissemination
Mailing Address ses o Quint Du	10 31 7 2018
Mailing Address 535 S Sheridan Rd	Amount
City State Zip Code	11274.62
Waukegan IL 60085-7538	Transaction ID : VQZ6GAGXYE6  Date of Disbursement or Obligation
Purpose of Expenditure Printing & Postage  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: 08
TIPIRNENI, HIRAL, , ,	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary   ✓ General  Other (specify)   ✓
Full Name of Payee North Shore Printers	Date of Public Distribution/Dissemination
	10 31 2018
Mailing Address 535 S Sheridan Rd	Amount
City State Zip Code	10032.01
Waukegan IL 60085-7538	Transaction ID: VQZ6GAGXYF4  Date of Disbursement or Obligation
Purpose of Expenditure Printing & Postage  Category/ Type	10 / 31 / Y Y Y Y Y
Name of Federal Candidate Support	Office Sought:  House District: 45
PORTER, KATHERINE, , , Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 89597.10	Disbursement For:  Primary  General 2018  Gher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	21306.63
(b) SUBTOTAL of Unitemized Independent Expenditures	··· •
(c) TOTAL Independent Expenditures	···· <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Pascal, Harry, , ,  [Electronically Filed] Da	te 10 31 2018
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	C C00580068
	0
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name of Payee North Shore Printers	Date of Public Distribution/Dissemination
Notth Shore Philiers	10 31 2018
Mailing Address 535 S Sheridan Rd	Amount
City State Zip Code	9243.99
Waukegan IL 60085-7538	Transaction ID : VQZ6GAGXYG2 Date of Disbursement or Obligation
Purpose of Expenditure Printing & Postage  Category/ Type	10 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: 48
ROUDA, HARLEY E JR, , , Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 9243.99	Disbursement For:  Primary  General 2018  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
North Shore Printers	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 535 S Sheridan Rd	Amount
City State Zip Code	20185.25
Waukegan IL 60085-7538	Transaction ID : VQZ6GAGXYH0 Date of Disbursement or Obligation
Purpose of Expenditure Printing & Postage  Category/ Type	10 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:
MUCARSEL-POWELL, DEBBIE, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
_ •	
(a) SUBTOTAL of Itemized Independent Expenditures	29429.24
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Pascal, Harry, , ,  [Electronically Filed] Date Signature	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oignatule	

Ochicadic	•			FOR SE OF FORM 24/48
	COMMITTEE (In Full)		FEC I	IDENTIFICATION NUMBER ▼
Progres	sive Turnout Project		С	C00580068
Check if X	24-hour report 48-hour report New report Amend	ds report filed o	on M = M	/ D = D / Y = Y = Y
Full Nam	ne of Payee		Date of Publ	lic Distribution/Dissemination
	Shore Printers		10	31 / 2018
Mailing A	Address 535 S Sheridan Rd		Amount	
City	State Zip Code			19973.09
Waukeg	·			ID: VQZ6GAGXYJ8 oursement or Obligation
	of Expenditure & Postage Category/ Type		10	31 / 2018
Name of	Federal Candidate Sup	oport Office	Sought:	<b>✗</b> House District:27
SHALAL	Opp	pose	President [	Senate State: FL
	endar Year-To-Date Election for Office Sought 19973.09	Disburs 2018	sement For:	Primary <b>X</b> General specify) ▶
	ne of Payee			lic Distribution/Dissemination
	Shore Printers		10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing A	Address 535 S Sheridan Rd		Amount	
City	State Zip Code			13972.07
Waukeg		1		ID: VQZ6GAGXYK6 oursement or Obligation
	of Expenditure & Postage Category/ Type		10	31 2018
Name of	f Federal Candidate Sup	pport Office	Sought:	<b>✗</b> House District:03
AXNE, (	CINDY, , ,	pose	President	Senate State: IA
	endar Year-To-Date Election for Office Sought 94608.60	Disbur 2018	sement For: Other (s	Primary <b>X</b> General specify) ▶
(a) SUBT	OTAL of Itemized Independent Expenditures	······· Þ		33945.16
(b) SUBT	TOTAL of Unitemized Independent Expenditures	······		7
(c) TOTA	L Independent Expenditures	·····		7
with, or at	nalty of perjury I certify that the independent expenditures reported hereing the request or suggestion of, any candidate or authorized committee or a smittee) any political party committee or its agent.			
	Pascal, Harry, , ,  [Electronically Filed]	Date 10	M / D D D	2018
Signati		Date 10		

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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 ▼
Progressive Turnout Project	C C00580068
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report	
Full Name of Payee North Shore Printers	Date of Public Distribution/Dissemination
	10 / 31 / 2018
Mailing Address 535 S Sheridan Rd	Amount
City State Zip Code	10365.40
Waukegan IL 60085-7538	Transaction ID : VQZ6GAGXYM4  Date of Disbursement or Obligation
Purpose of Expenditure Printing & Postage  Category/ Type	10 / 31 / 2018
Name of Federal Candidate	Office Sought:
CASTEN, SEAN, , ,	President Senate State: IL
odiolidal lodi lo bato	Disbursement For: Primary   ☐ General  ☐ Other (specify)  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Full Name of Payee North Shore Printers	Date of Public Distribution/Dissemination
	10 31 2018
Mailing Address 535 S Sheridan Rd	Amount
City State Zip Code	12699.13
Waukegan IL 60085-7538	Transaction ID: VQZ6GAGXYN1  Date of Disbursement or Obligation
Purpose of Expenditure Printing & Postage  Category/ Type	10 31 2018
	Office Sought:
DAVIDS, SHARICE, , , Oppose	President Senate State: KS
	Disbursement For: Primary   General  Other (specify)   General
<del></del>	
(a) SUBTOTAL of Itemized Independent Expenditures	23064.53
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	•
Pascal, Harry, , , [Electronically Filed] Date	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ρ	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
	North Shore Printers	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 535 S Sheridan Rd	Amount
	City State Zip Code	10213.86
	Waukegan IL 60085-7538	Transaction ID : VQZ6GAGXYP9  Date of Disbursement or Obligation
	Purpose of Expenditure Printing & Postage  Category/ Type	10 / 31 / 2018
	Name of Federal Candidate Support Office	Sought: House District: 11
	STEVENS, HALEY, , ,	President Senate State: MI
	Calcinda Idal Id Bate	rsement For: Primary X General
	Per Election for Office Sought 93215.58 2018	Other (specify) ▶
	Full Name of Payee North Shore Printers	Date of Public Distribution/Dissemination
		10 31 2018
	Mailing Address 535 S Sheridan Rd	Amount
	City State Zip Code	8759.06
	Waukegan IL 60085-7538	Transaction ID : VQZ6GAGXYQ7 Date of Disbursement or Obligation
	Purpose of Expenditure Printing & Postage  Category/ Type	10 31 2018
	Name of Federal Candidate Support Office	e Sought:   House District: 02
	Craig, Angie, , , Oppose	President Senate State: MN
	Calendar Year-To-Date Per Election for Office Sought  Disbute 2018	other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures	18972.92
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 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, , ,  [Electronically Filed] Date 1	
	Signature	

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OF

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	NDENT EXPEND	ITOTILS		PAGE 7 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Progressive Turnout Project				C00580068
Check if 24-hour report 48-hour rep	ort New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee North Shore Printers			M = M /	Distribution/Dissemination
Mailing Address 535 S Sheridan Rd			Amount	31 2018
City	State	Zip Code		18518.30
Waukegan	IL	60085-7538		D: VQZ6GAGXYR5 rsement or Obligation
Purpose of Expenditure Printing & Postage		Category/ Type	10	31 / 2018
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District: 13
MANNING, KATHY, , ,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		59082.96	Disbursement For: 2018 Other (spe	Primary <b>x</b> General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
North Shore Printers			10	31 / 2018
Mailing Address 535 S Sheridan Rd			Amount	
City	State	Zip Code		10698.79
Waukegan	IL	60085-7538		D: VQZ6GAGXYS3 resement or Obligation
Purpose of Expenditure Printing & Postage		Category/ Type	10	31 2018
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District: 02
EASTMAN, KARA, , ,		Oppose	President	Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		56826.69	Disbursement For: 2018 Other (sp	Primary ✗ General ecify) ▶
(a) SUBTOTAL of Itemized Independent Ex	oenditures		<b>•</b>	29217.09
(b) SUBTOTAL of Unitemized Independent	Expenditures			
(c) TOTAL Independent Expenditures			· <b>·</b> · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Pascal, Harry, , ,	[Electron	ically Filed] Date	10 31	2018
-				

Schedule E)			TOTILO			PAGE 8 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (					FEC ID	DENTIFICATION NUMBER ▼
Progressive Turn	out Project					C00580068
Check if X 24-hour rep	ort 48-hour report	X New repo	ort Amends rep	port filed o	n M M /	D = D / Y = Y = Y
Full Name of Payee North Shore P	rinters				M = M /	Distribution/Dissemination
Mailing Address 535	S Sheridan Rd				10 Amount	31 2018
City		State	Zip Code	—— I		14547.92
Waukegan		IL	60085-7538			D: VQZ6GAGXYT1 ursement or Obligation
Purpose of Expenditu Printing & Postage	re		Category/ Type		10	31 / 2018
Name of Federal Can	didate		<b>✗</b> Support	Office S	Sought:	¥ House District: 07
MALINOWSKI, TOM,	,,		Oppose		President	Senate State: NJ
Calendar Year-To Per Election for (			14547.92	Disburse 2018	ement For: Other (sp	Primary <b>X</b> General secify) ▶
Full Name of Payee North Shore Pri	nters			1	Date of Public	C Distribution/Dissemination
Mailing Address 53	85 S Sheridan Rd				Amount	
City		State	Zip Code			13123.44
Waukegan		IL	60085-7538	Tī	ransaction II Date of Disbu	D: VQZ6GAGXYV9 ursement or Obligation
Purpose of Expenditu Printing & Postage	re		Category/ Type		10	31 / 2018
Name of Federal Car			<b>✗</b> Support	Office S	Sought:	House District: 11
SHERRILL, REBECC	A MICHELLE, , ,		Oppose	P	President	Senate State: NJ
Calendar Year-To Per Election for			75733.29	Disburs 2018	sement For: Other (sp	Primary <b>X</b> General pecify) ▶
(a) SURTOTAL of Item	nized Independent Expend	ditures		. [		27671 26
(a) SOBIOTAL OF NO.	iized independent Expend	illules		<b>&gt;</b> [		27671.36
(b) SUBTOTAL of Unit	temized Independent Expe	enditures		···· •		
(c) TOTAL Independer	nt Expenditures			···· • [		
with, or at the request		ndidate or authorized				tion, consultation, or concert orting entity is not a political
Pascal, Ha	.rry, , ,	[Electron	ically Filed] Da	ate 10	31	2018
Signature						

Schedule E)	IN EXICIND	TOTILO		PAC	GE 9 OF	13 24/48
NAME OF COMMITTEE (In Full)					IFICATION NUM	
Progressive Turnout Project					580068	
Check if 24-hour report 48-hour report	<b>✗</b> New rep	ort Amends rep		W = M / D	D / Y Y	YY
Full Name of Payee North Shore Printers				M M / D		YYY
Mailing Address 535 S Sheridan Rd			Amou	unt	31 20	18
City	State	Zip Code			1748	7.82
Waukegan	IL	60085-7538			QZ6GAGXYW7 nent or Obligation	
Purpose of Expenditure Printing & Postage		Category/ Type		10	31 / 20	)18
Name of Federal Candidate		<b>✗</b> Support	Office Soug	ht: X H	ouse District:	03
LEE, SUSIE, , ,		Oppose	Presid	lent S	enate State:	NV
Calendar Year-To-Date Per Election for Office Sought		93857.24	Disbursement 2018	nt For:  Other (specify	,	General
Full Name of Payee			Date	of Public Dis	tribution/Dissemi	nation
North Shore Printers				M M / D		)18
Mailing Address 535 S Sheridan Rd			Amo	unt		
City	State	Zip Code	— r		1782	1.21
Waukegan	IL	60085-7538			QZ6GAGXYX5 nent or Obligation	
Purpose of Expenditure Printing & Postage		Category/ Type		10 / D		18
Name of Federal Candidate		<b>x</b> Support	Office Soug	ht: 🗶 H	louse District:	19
DELGADO, ANTONIO, , ,		Oppose	Presid	dent S	enate State:	NY
Calendar Year-To-Date Per Election for Office Sought		55746.25	Disburseme 2018	nt For:  Other (specify		General
(a) SUBTOTAL of Itemized Independent Expend	itures		•		35309	0.03
(b) SUBTOTAL of Unitemized Independent Expe	nditures					_
(c) TOTAL Independent Expenditures			··· • · · · ·	7		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
Pascal, Harry, , ,	[Electron	ically Filed] Dat	e 10	31	2018	
Signature						

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	1			FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Proje	ect			C C00580068
Check if <b>X</b> 24-hour report 48	3-hour report New rep	ort Amends repo		= M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
North Shore Printers			M	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 535 S Sheridan F	Rd		Amou	nt
City	State	Zip Code		9456.15
Waukegan	IL	60085-7538		action ID : VQZ6GAGXYY3  of Disbursement or Obligation
Purpose of Expenditure Printing & Postage		Category/ Type		10 31 7 2018
Name of Federal Candidate		<b>x</b> Support	Office Sough	t: K House District: 12
O'CONNOR, DANIEL JAY, , ,		Oppose	Preside	ent Senate State: OH
Calendar Year-To-Date Per Election for Office Sough	nt .	100858.54	Disbursemen 2018 O	t For: Primary <b>X</b> General ther (specify) ▶
Full Name of Payee North Shore Printers				of Public Distribution/Dissemination
Mailing Address 535 S Sheridal	n Rd		Amou	10 31 2018 int
City	State	Zip Code		15699.64
Waukegan	IL	60085-7538		oction ID : VQZ6GAGXYZ0 of Disbursement or Obligation
Purpose of Expenditure Printing & Postage		Category/ Type		10 31 2018
Name of Federal Candidate		<b>x</b> Support	Office Sough	nt: 🗶 House District: 18
Lamb, Conor, , ,		Oppose	Preside	ent Senate State: PA
Calendar Year-To-Date Per Election for Office Sough	nt	15699.64	Disbursemen 2018	nt For:
(a) SUBTOTAL of Itemized Indepe	ndent Expenditures		•	25155.79
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditu	res		•	
	on of, any candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Pascal, Harry, , ,	[Electron	ically Filed] Date	10	31 2018
Signature				

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٢	rogressive Turnout Project	C C00580068
Ch	eck if <b>X</b> 24-hour report 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	North Shore Printers	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 535 S Sheridan Rd	Amount
	City State Zip Code	12335.43
	Waukegan IL 60085-7538	Transaction ID : VQZ6GAGXZ08 Date of Disbursement or Obligation
	Purpose of Expenditure Printing & Postage  Category/ Type	10 31 7 2018
1	Name of Federal Candidate X Support Office	Sought: K House District: 07
	FLETCHER, ELIZABETH PANNILL, , , Oppose	President Senate State: TX
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2018	sement For:  Primary
١	Full Name of Payee	Date of Public Distribution/Dissemination
	North Shore Printers	10 31 2018
	Mailing Address 535 S Sheridan Rd	Amount
1	City State Zip Code	13547.76
	Waukegan IL 60085-7538	Transaction ID : VQZ6GAGXZ16 Date of Disbursement or Obligation
	Purpose of Expenditure Printing & Postage  Category/ Type	10 31 / 2018
1	Name of Federal Candidate	Sought:  House District: 07
	SPANBERGER, ABIGAIL, , , Oppose	President Senate State: VA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	resement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	25883.19
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	1 4 1 4 1 6
١	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, party committee) any political party committee or its agent.	
	Pascal, Harry, , ,  [Electronically Filed] Date 10	M / D D / 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)		PAGE 12 OF 13 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 r	report Amends report	filed on
Full Name of Payee North Shore Printers		Date of Public Distribution/Dissemination
Mailing Address 535 S Sheridan Rd		10 31 2018 Amount
City State	Zip Code	16214.87
Waukegan IL	60085-7538	Transaction ID : VQZ6GAGXZ24  Date of Disbursement or Obligation
Purpose of Expenditure Printing & Postage	Category/ Type	10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	<b>x</b> Support (	Office Sought: X House District: 10
WEXTON, JENNIFER, , ,	Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary  General   018  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
North Shore Printers		10 31 2018
Mailing Address 535 S Sheridan Rd		Amount
City State	Zip Code	16911.96
Waukegan IL	60085-7538	Transaction ID : VQZ6GAGXZ32  Date of Disbursement or Obligation
Purpose of Expenditure Printing & Postage	Category/ Type	10 31 / 2018
Name of Federal Candidate	<b>x</b> Support	Office Sought:   M House District: 01
BRYCE, RANDY, , ,	Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary   General  Other (specify)   General
(a) SUBTOTAL of Itemized Independent Expenditures		33126.83
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Pascal, Harry, , , [Electronic Signature	ronically Filed] Date	10 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	NDITOTILO	PAGE 13 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project		C C00580068
Check if <b>X</b> 24-hour report 48-hour report <b>X</b> New	report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee North Shore Printers		Date of Public Distribution/Dissemination
Mailing Address 535 S Sheridan Rd		10 31 2018 Amount
City State	Zip Code	162087.01
Waukegan IL	60085-7538	Transaction ID : VQZ6GAGXZ74  Date of Disbursement or Obligation
Purpose of Expenditure Printing & Postage	Category/ Type	10 31 7 2018
Name of Federal Candidate	<b>✗</b> Support Off	ice Sought: House District: 00
BREDESEN, PHILIP, , ,	Oppose	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	162087.01 Dis	sbursement For: Primary   General  Other (specify)    Other
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		M = M / D = D / Y = Y = Y
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Off	fice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Dis	sbursement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		162087.01
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b></b>	565168.78
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.		
	ctronically Filed] Date	10 31 2018
Signature	_	