Schedule E)	PAGE 1 OF 11 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 re	eport Amends report filed on Amends report
Full Name of Payee GetThru	Date of Public Distribution/Dissemination
	11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690	Amount
PO Box 2690 City State	Zip Code 18281.43
Alameda CA	94501-0690 Transaction ID : VQZ6GANDNC9 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/ Type 111 / 01 / 2020
Name of Federal Candidate	Support Office Sought: House District: 00
BIDEN, JOSEPH R JR, , ,	Oppose President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary 2131830.25 Other (specify) Other (specify) ■
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	11 / 01 / Y Y Y Y Y Y Y
Mailing Address PO Box 2690	Amount
PO Box 2690	7/0.00
City State Alameda CA	Zip Code 743.30 94501-0690 Transaction ID : VQZ6GANDND6 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/ Type 111 / 01 / 2020
Name of Federal Candidate	Support Office Sought: House District: 00
JONES, DOUG, , ,	Oppose President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2020 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	19024.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
. , , , , , , , , , , , , , , , , , , ,	es reported herein were not made in cooperation, consultation, or concert ed committee or agent of either, or (if the reporting entity is not a political
	onically Filed] Date 11 02 2020
Signature	

Schedule E)	LINDITOTICO	PAGE 2 OF 11 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 Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee	Date o	of Public Distribution/Dissemination
GetThru	M	11 01 2020
Mailing Address PO Box 2690	Amour	nt
PO Box 2690		
City State	Zip Code	1304.55
Alameda CA		action ID: VQZ6GANDNE4 of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		11 01 / 2020
Name of Federal Candidate	✗ Support Office Sought	: House District: 00
KELLY, MARK, , ,	Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	129448.80 Disbursement 2020 Ot	reference in the refer
Full Name of Payee	Date of	of Public Distribution/Dissemination
GetThru		11 01 2020
Mailing Address PO Box 2690		
PO Box 2690	Amoui	nt
City State	Zip Code	657.70
Alameda CA		ction ID : VQZ6GANDNF2 If Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees	Category/	11 01 2020
Name of Federal Candidate	Support Office Sough	t: House District: 00
HICKENLOOPER, JOHN W., , ,	Oppose Preside	ent Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	119704.72 Disbursement 2020 Or	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	•	1962.25
(b) SUBTOTAL of Unitemized Independent Expenditures		
(a) TOTAL ladar and art Funanditure		7 7 7
(c) TOTAL Independent Expenditures)	7 7 7
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Pascal, Harry, , ,	[Electronically Filed] Date	02 / 2020
Signature		

Full Name of Payee GetThru Date of Public Distribution/I	Y = Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee GetThru	
Check if X 24-hour report 48-hour report New report Amends report filed on Full Name of Payee GetThru	
GetThru —————	
GetThru —————	
	2020
Mailing Address PO Box 2690 Amount	
PO Box 2690	
City State Zip Code	1015.46
Alameda CA 94501-0690 Transaction ID: VQZ6GAN Date of Disbursement or O	
Purpose of Expenditure Phone Program dial fees Category/ Type 11 O1	2020
Name of Federal Candidate X Support Office Sought: House I	District: 00
OSSOFF, T. JONATHAN, , ,	State: GA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary 2020 Other (specify) ▶	x General
Full Name of Payee Date of Public Distribution/	Dissemination
GetThru GetThru 11 01	2020
Mailing Address PO Box 2690	2020
PO Box 2690	
City State Zip Code	985.59
Alameda CA 94501-0690 Transaction ID: VQZ6GAN Date of Disbursement or C	
Purpose of Expenditure Phone Program dial fees Category/ Type 11 O1	2020
Name of Federal Candidate X Support Office Sought: House	District:00
WARNOCK, RAPHAEL, , , Oppose President Senate	State: GA
Calendar Year-To-Date Per Election for Office Sought 104189.47 Disbursement For: □ Primary 2020 Control of the Control of	General pecial General
(a) SUBTOTAL of Itemized Independent Expenditures	2001.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultat with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is party committee) any political party committee or its agent.	
Pascal, Harry, , , [Electronically Filed] Date 11 02 2020	

Schedule E)	PAGE 4 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	C C00580068
Check if X 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Date of	Public Distribution/Dissemination
GetThru	M / D D / Y Y Y
Mailing Address PO Box 2690 Amount	
PO Box 2690	
City State Zip Code	971.86
	ction ID: VQZ6GANDNJ6 Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/ Type 1	
Name of Federal Candidate X Support Office Sought:	House District: 00
GREENFIELD, THERESA, , , Oppose President	
Calendar Year-To-Date Per Election for Office Sought Disbursement I 2020 Oth	For: Primary X General er (specify) ▶
	Public Distribution/Dissemination
GetThru	
Mailing Address PO Box 2690	
PO Box 2690	
City State Zip Code	1923.59
7 Harrioda 01001 0000	tion ID : VQZ6GANDNK4 Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/ Type 1	
Name of Federal Candidate X Support Office Sought:	House District: 00
MCGRATH, AMY, , , Oppose Presiden	state: KY
Calendar Year-To-Date Per Election for Office Sought Disbursement 2020 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2895.45
(b) SUBTOTAL of Unitemized Independent Expenditures	<i>T</i>
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in code with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Pascal, Harry, , , [Electronically Filed] Date 11	02 / 2020

Schedule E)				PAGE 5 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Progressive Turnout Project			C	
Check if 24-hour report 48-hour re	port New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee GetThru			Date of Pu	ublic Distribution/Dissemination
Mailing Address PO Box 2690			11	01 2020
PO Box 2690			Amount	
City	State	Zip Code		304.37
Alameda	CA	94501-0690		on ID : VQZ6GANDNM2 sbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	M M M	01 2020
Name of Federal Candidate		x Support	Office Sought:	House District: 00
GIDEON, SARA, , ,		Oppose	President	Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		26883.45	Disbursement For 2020 Other	r: Primary 🗶 General (specify) ▶
Full Name of Payee GetThru			Date of Pu	ublic Distribution/Dissemination
Mailing Address			11	01 2020
1 0 Box 2000			Amount	
PO Box 2690	State	Zip Code		477.78
Alameda	CA	94501-0690		n ID : VQZ6GANDNN0 isbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	M M M	
Name of Federal Candidate		x Support	Office Sought:	x House District: 02
EASTMAN, KARA, , ,		Oppose	President	Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		26881.20	Disbursement Fo 2020 Other	r: Primary General (specify)
(a) SUBTOTAL of Itemized Independent Ex	penditures			782.15
(b) SUBTOTAL of Unitemized Independent	Expenditures		-	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized			
Pascal, Harry, , ,	[Electron	ically Filed] Date	e 11 0	2 2020
Signature		_		

Schedule E)	TI EXI EITE	ITOTILO		PAGE 6 OF 11 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	X New rep	ort Amends repo		M / D D / Y H Y H Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
GetThru			М	11 01 2020
Mailing Address PO Box 2690			Amou	nt
PO Box 2690				
City	State	Zip Code		1369.76
Alameda	CA	94501-0690		action ID: VQZ6GANDNP8 of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	М	11 01 / 2020
Name of Federal Candidate		x Support	Office Sough	t: House District: 00
CUNNINGHAM, CAL, , ,		Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought	7	146190.48	Disbursemen 2020	t For: Primary X General
Full Name of Payee	_			of Public Distribution/Dissemination
Paychex				11 01 2020
Mailing Address 911 Panorama Trl S			Amou	
City	State	Zip Code	$ \Gamma$	2193.22
Rochester	NY	14625-2311		ction ID : VQZ6GANDNQ5 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	IV.	11 01 2020
Name of Federal Candidate		✗ Support	Office Sough	t: House District: 00
JONES, DOUG, , ,		Oppose	Preside	ent Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	65499.10	Disbursemen 2020 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es		.	3562.98
(b) SUBTOTAL of Unitemized Independent Expend	itures		. —	
(a) Control of Cimemized Independent Expend				- Apr Apr Apr
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Pascal, Harry, , ,	[Electron	ically Filed] Date	11	02 2020
Signature				

Schedule E)	-XI LIIDII	OTILO		PAGE 7 OF 11 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	X New report	Amends repo		M / D D / Y Y Y Y Y Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Paychex				11 01 2020
Mailing Address 911 Panorama Trl S			Amour	nt
City Sta	ate Z	ip Code		3419.30
		4625-2311		action ID : VQZ6GANDNR3 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		11 01 / 2020
Name of Federal Candidate	·	x Support	Office Sough	: House District: 00
OSSOFF, T. JONATHAN, , ,		Oppose	Preside	ent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		109429.19	Disbursement 2020 Of	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
Paychex			M	11 01 Y Y Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S			Amou	nt
City Sta	tate Z	ip Code		3318.74
Rochester	NY	14625-2311		ction ID : VQZ6GANDNS1 If Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		11 01 2020
Name of Federal Candidate	·	x Support	Office Sough	t: House District: 00
WARNOCK, RAPHAEL, , ,		Oppose	Preside	ent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		104189.47	Disbursemen 2020 x O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures			.	6738.04
(b) SUBTOTAL of Unitemized Independent Expenditures	3		. —	
				7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	or authorized o			
Pascal, Harry, , ,	[Electronica	ully Filed] Date	M = M /	02 / 2020
Signaturo				

Schedule E)	IVI EXI EIVE	ITORIEO		PAGE 8 OF 11 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	X New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Paychex				of Public Distribution/Dissemination
Mailing Address 911 Panorama Trl S			Amou	11 01 2020 nt
City	State	Zip Code		1305.31
Rochester	NY	14625-2311		action ID : VQZ6GANDNT9 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	М	11 01 2020
Name of Federal Candidate		✗ Support	Office Sough	t: House District: 00
GREENFIELD, THERESA, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		45406.54	Disbursemen 2020 O	t For: Primary X General
Full Name of Payee			Date	of Public Distribution/Dissemination
Paychex			N	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S			Amou	
City	State	Zip Code	— I.	5518.31
Rochester	NY	14625-2311		ction ID : VQZ6GANDNV7 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	N	11 01 2020
Name of Federal Candidate		x Support	Office Sough	t: House District:00
MCGRATH, AMY, , ,		Oppose	Preside	ent Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7	70094.43	Disbursemen 2020	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		·· •	6823.62
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·· •	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Pascal, Harry, , ,	[Electron	ically Filed] Date	e 11	02 / 2020
Signature				

Schedule E)	IVI EXI EIVE	HONLO			PAGE 9	OF 11 FORM 24/48
NAME OF COMMITTEE (In Full)				FEC ID		ON NUMBER ▼
Progressive Turnout Project				С	C00580068	
Check if 24-hour report 48-hour report	X New rep	ort Amends repo		/ M /	D D /	Y W Y W Y W
Full Name of Payee Paychex				и – м /	D D /	Dissemination
Mailing Address 911 Panorama Trl S			Amou	11 int	01	2020
City	State	Zip Code				848.94
Rochester	NY	14625-2311			D: VQZ6GAN	NDNW3
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		11 /	01	2020
Name of Federal Candidate		✗ Support	Office Sough	nt:	House	District: 00
GIDEON, SARA, , ,		Oppose	Presid		X Senate	State: ME
Calendar Year-To-Date Per Election for Office Sought	7	26883.45	Disbursemen 2020	nt For: Other (sp	Primary pecify) ►	✗ General
Full Name of Payee	_		Date	of Public	c Distribution/	Dissemination
Paychex				M M M	/ D D /	2020
Mailing Address 911 Panorama Trl S			Amou	unt		
City	State	Zip Code	— Г			1585.90
Rochester	NY	14625-2311			D: VQZ6GAN ursement or C	
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		11	01	2020
Name of Federal Candidate		x Support	Office Soug	ht:	X House	District: 02
EASTMAN, KARA, , ,		Oppose	Presid	lent	Senate	State: NE
Calendar Year-To-Date Per Election for Office Sought		26881.20	Disbursement 2020	nt For: Other (sp	Primary pecify) ▶	x General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		▶	-	7	2434.84
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·· •			
(c) TOTAL Independent Expenditures			·· •			
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, , ,	[Electron	nically Filed] Date	e 11	02	202	0
Signature						

Schedule E)	OF INDEFERDENT	EXI ENDI	TOTILO			PAGE 10 FOR SE OF F	OF 11 FORM 24/48
NAME OF COMMITTEE (In Fi	,				FEC I	DENTIFICATION	
Progressive Turnout	Project				С	C00580068	
Check if 24-hour report	48-hour report	X New repo	ort Amend	ls report file	ed on	/ D D /	Y W Y W Y
Full Name of Payee Paychex					Date of Publ	ic Distribution/D	vissemination
Mailing Address 911 Pand	orama Trl S				Amount	01	2020
City		State	Zip Code				3639.00
Rochester		NY	14625-2311			ID: VQZ6GAN ursement or Ob	DNY9
Purpose of Expenditure Staff Time Phone Calls			Category/ Type		11	01 /	2020
Name of Federal Candidate	e		x Supp	port Off	ice Sought:	House D	istrict:00
CUNNINGHAM, CAL, , ,			Орре	_	President	X Senate	State: NC
Calendar Year-To-Date Per Election for Office			146190.48	Dis 202	sbursement For: Other (s	Primary	✗ General
Full Name of Payee						ic Distribution/D	Dissemination
Paychex					M = M	/ D D / 01	2020
Mailing Address 911 Pa	norama Trl S				Amount		2020
City		State	Zip Code				44737.83
Rochester		NY	14625-2311			D: VQZ6GAND oursement or Ob	
Purpose of Expenditure Staff Time Phone Calls			Category/ Type		11 M	01	2020
Name of Federal Candida	te		x Supp	port Off	fice Sought:	House D	District: 00
BIDEN, JOSEPH R JR, , ,			Орр	ose	x President	Senate	State:00
Calendar Year-To-Date Per Election for Office			2131830.25	Dis 20		Primary pecify) ▶	X General
•				'			
(a) SUBTOTAL of Itemized	Independent Expenditures			······		7	48376.83
(b) SUBTOTAL of Unitemiz	ed Independent Expenditur	es		·····			
(c) TOTAL Independent Ex	penditures			······		7	
Under penalty of perjury I with, or at the request or si party committee) any politic	uggestion of, any candidate	or authorized					
Pascal, Harry, ,	,	[Electroni	ically Filed]	Date	11 02	2020	
Signature				_			

Schedule E)	LXI LINDI	TOTILO		PAGE 11 OF 11 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	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Paychex			[11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S			Amo	punt
City	State	Zip Code	$-\Gamma$	3619.61
Rochester	NY	14625-2311		saction ID : VQZ6GANDP05 of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		M 11
Name of Federal Candidate		x Support	Office Soug	ght: House District: 00
KELLY, MARK, , ,		Oppose	Presid	dent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	,	129448.80	Disburseme	ent For: Primary x General Other (specify) ▶
Full Name of Payee			Date	e of Public Distribution/Dissemination
Paychex				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S			Amo	punt
City	State	Zip Code	$-\Gamma$	1238.76
	NY	14625-2311		saction ID : VQZ6GANDP12 e of Disbursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type		M 11
Name of Federal Candidate		x Support	Office Soug	ght: House District:00
HICKENLOOPER, JOHN W., , ,		Oppose	Presi	dent Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7	119704.72	Disburseme 2020	ent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				4858.37
(b) SUBTOTAL of Unitemized Independent Expenditures	es		•	7 7 7
(c) TOTAL Independent Expenditures			• [99460.31
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Pascal, Harry, , , Signature	[Electroni	cally Filed] Date	M M M	02 2020
y				