24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
AME 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 filed of	on M M / D D / Y H Y H Y
Full Name of Payee Mack-Sumner Communications, LLC	Date of Public Distribution/Dissemination
[MEMO ITEM]	10 26 2016
Mailing Address 2001 N Beauregard St	Amount
Ste 420	Amount
City State Zip Code	38168.09
Alexandria VA 22311-1750	Transaction ID: VSG8M9TQJP3 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Direct Mail Services Category/ Type 004	M M
Name of Federal Candidate Support Office	Sought: House District:
CLINTON, HILLARY RODHAM, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbur 2016	sement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mack-Sumner Communications, LLC [MEMO ITEM]	10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2001 N Beauregard St	10 20 2010
Ste 420	Amount
City State Zip Code	38168.09
Alexandria VA 22311-1750	Transaction ID : VSG8M9TQJQ1 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Direct Mail Services Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
TRUMP DONALD.	President Senate State:
	rsement For: Primary X General
Per Election for Office Sought 4095179.65 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	0
(b) SUBTOTAL of Unitemized Independent Expenditures	11411411
(c) TOTAL Independent Expenditures	
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.	· · · · · · · · · · · · · · · · · · ·
Bidel-Niyat, Shirin, , , [Electronically Filed] Date 10	M / 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)	PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼
For Our Future	C00620971
Check if X 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Date of Pu	ublic Distribution/Dissemination
Mission Control x *	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 624 Hebron Ave Amount	
Ste 200	
City State Zip Code	52778.48
Date of Dis	on ID: VSG8M9TS168 sbursement or Obligation
Purpose of Expenditure Estimated Cost for Printing - Doorhangers Category/ Type 004	/ D D / Y Y Y Y
Name of Federal Candidate X Support Office Sought:	House District:
McGinty, Kathleen Alana, , , Oppose President	Senate State: PA
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	r: Primary x General (specify) ▶
	ublic Distribution/Dissemination
Mission Control X * Manual Control 10	
Mailing Address 624 Hebron Ave	
Ste 200	
City State Zip Code	54427.81
	n ID: VSG8M9TS192 isbursement or Obligation
Purpose of Expenditure Estimated Cost for Printing - Doorhangers Category/ Type 004	
Name of Federal Candidate X Support Office Sought:	House District:
CLINTON, HILLARY RODHAM, , ,	Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016 Other	r: Primary X General (specify) ▶
Guidi	(бреспу) Р
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1
(c) TOTAL Independent Expenditures	7.1.7.1.7.1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Bidel-Niyat, Shirin, , , [Electronically Filed] Date 10 2	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 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 X New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mission Control	10 26 7 2016
	Amount
Ste 200	
City State Zip Code	2538.81
	Transaction ID : VSG8M9TS1A0 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Printing - Canvassing Literature Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate X Support Office S	Sought: House District:
CLINTON HILLARY RODHAM	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	ement For: Primary General
	Other (specify) -
Full Name of Payee Mission Control x	Date of Public Distribution/Dissemination 10 26 2016
Mailing Address 624 Hebron Ave	
Ste 200	Amount
City State Zip Code	2538.81
	Transaction ID: VSG8M9TS1B7 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Printing - Canvassing Literature Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office 9	Sought: House District:
ROSS DEBORAH K	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 22742.79 Disburs 2016	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
(c) TOTAL Independent Expenditures	76336.18
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.	
Bidel-Niyat, Shirin, , , [Electronically Filed] Date 10	M / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y