S	chedule E)	FOR SE OF FORM 24/48
V/	AME OF COMMITTEE (In Full)	
	Progressive Turnout Project	FEC IDENTIFICATION NUMBER ▼
		C C00580068
Cł	heck if X 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
_	Full Name of Payee	Date of Public Distribution/Dissemination
	GetThru	M M / D D / Y Y Y Y
	Mailing Address PO Box 2690	10 15 2020
	PO Box 2690	Amount
	City State Zip Code	8571.80
	Alameda CA 94501-0690	Transaction ID : VQZ6GAN5M32 Date of Disbursement or Obligation
	Purpose of Expenditure Phone Program dial fees Category/ Type	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Off	fice Sought: House District: 00
	BIDEN, JOSEPH R JR, , ,	President Senate State: 00
	Calendar Year-To-Date Per Election for Office Sought Dis 202	sbursement For: Primary General Other (specify) Other
	Full Name of Payee	Date of Public Distribution/Dissemination
	GetThru	10 15 2020
	Mailing Address PO Box 2690	10 13 2020
	PO Box 2690	Amount
	City State Zip Code	2999.62
	Alameda CA 94501-0690	Transaction ID : VQZ6GAN5M40 Date of Disbursement or Obligation
	Purpose of Expenditure Category/	M = M / D = D / Y = Y = Y
	Phone Program dial fees Type	10 15 2020
		fice Sought: House District: 00
	JONES, DOUG, , ,	President Senate State: AL
		sbursement For: Primary General 120 Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	11571.42
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
		7 7 7
	Under penalty of perjury I certify that the independent expenditures reported herein were not 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.	•
	Pascal, Harry, , , [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature Date	10 2020

Schedule E)	NOCINI EXI ENDI	TOTILO		PAGE 2 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Progressive Turnout Project				C00580068
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee GetThru				
Mailing Address PO Box 2690			Amount	15 2020
PO Box 2690			runount	
City		Zip Code		1433.55
Alameda	CA	94501-0690		tion ID: VQZ6GAN5M58 Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	M 10	
Name of Federal Candidate		✗ Support	Office Sought:	House District: 00
KELLY, MARK, , ,		Oppose	President	Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		92058.64	Disbursement F	For: Primary Seneral er (specify)
Full Name of Payee				Public Distribution/Dissemination
GetThru			M	M / D D / Y Y Y Y
Mailing Address PO Box 2690			1	0 15 2020
PO Box 2690			Amount	
City	State	Zip Code		2081.65
Alameda	CA	94501-0690	Transact Date of	ion ID: VQZ6GAN5M66 Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	10 10	0 15 2020
Name of Federal Candidate		x Support	Office Sought:	House District: 00
HICKENLOOPER, JOHN W., , ,		Oppose	Presiden	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		90720.56	Disbursement I 2020 Oth	For: Primary General er (specify)
_				
(a) SUBTOTAL of Itemized Independent Ex	penditures		·· >	3515.20
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	71171151
(c) TOTAL Independent Expenditures			· ·	7 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	candidate or authorized			
Pascal, Harry, , ,	[Electron	ically Filed] Date	4.0	16 2020
Signature				

Schedule E)		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 report	rt Amends report filed	d on Mam / Dad / Yayayay			
Full Name of Payee		Date of Public Distribution/Dissemination			
GetThru		10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address PO Box 2690					
PO Box 2690		Amount			
City State 2	Zip Code	2530.66			
Alameda CA	94501-0690	Transaction ID : VQZ6GAN5M73 Date of Disbursement or Obligation			
Purpose of Expenditure Phone Program dial fees	Category/ Type	10 15 2020			
Name of Federal Candidate	✗ Support Offic	e Sought: House District: 00			
OSSOFF, T. JONATHAN, , ,	Oppose	President Senate State: GA			
Calendar Year-To-Date	Disb	ursement For: Primary X General			
Per Election for Office Sought	74769.65 2020				
Full Name of Payee GetThru		Date of Public Distribution/Dissemination			
Cottinu		10 15 2020			
Mailing Address PO Box 2690		Amount			
PO Box 2690		Amount			
	Zip Code	2456.23			
Alameda CA	94501-0690	Transaction ID: VQZ6GAN5M81 Date of Disbursement or Obligation			
Purpose of Expenditure Phone Program dial fees	Category/ Type	10 15 / Y Y Y Y Y			
Name of Federal Candidate	✗ Support Office	ee Sought: House District: 00			
WARNOCK, RAPHAEL, , ,	Oppose	President Senate State: GA			
Calendar Year-To-Date	Disb	pursement For: Primary General			
Per Election for Office Sought	70549.35				
(a) SUBTOTAL of Itemized Independent Expenditures	·····	4986.89			
(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 authorized party committee) any political party committee or its agent.	•	• • • • • • • • • • • • • • • • • • • •			
Pascal, Harry, , , [Electronic	cally Filed] Date	10 16 2020			
Signature					

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۲	rogressive Turnout Project	C C00580068
Ch	eck if 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
	GetThru	10 15 2020
	Mailing Address PO Box 2690	Amount
	PO Box 2690	2000 77
	City State Zip Code Alameda CA 94501-0690	2006.77 Transaction ID : VQZ6GAN5M99 Date of Disbursement or Obligation
	Purpose of Expenditure Staff Time Phone Calls 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 Support Office	e Sought: House District: 00
	GREENFIELD, THERESA, , , Oppose Oppose	President Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought Disbut 29598.09 Disbut 29598.09	ursement For: Primary General
		Other (specify)
	Full Name of Payee GetThru	Date of Public Distribution/Dissemination
	Mailing Address PO Box 2690	10 15 2020
	PO Box 2690	Amount
	City State Zip Code	2327.14
	Alameda CA 94501-0690	Transaction ID : VQZ6GAN5MA7 Date of Disbursement or Obligation
	Purpose of Expenditure Staff Time Phone Calls Category/ Type	10 15 / 2020
	Name of Federal Candidate Support Office	e Sought: House District: 00
	BOLLIER, BARBARA, , , Oppose Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbl 2020	ursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	4333.91
	(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 movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 16 2020
	Signature	للننبا للاا

PAGE 4

OF

Schedule E)		PAGE 5 OF 17 FOR SE OF FORM 24/48				
JAME OF COMMITTEE (In Full) Progressive Turnout Project						
Progressive Turnout Project C coo580068						
Check if 24-hour report 48-hour report New report	Amends report filed	on M = M / D = D / Y = Y = Y				
Full Name of Payee		Date of Public Distribution/Dissemination				
GetThru		10 15 2020				
Mailing Address PO Box 2690		Amount				
PO Box 2690 City State Zip	o Code	1732.69				
_ ·	1501-0690	Transaction ID : VQZ6GAN5MB5 Date of Disbursement or Obligation				
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	10 15 2020 2020				
Name of Federal Candidate	x Support Office	Sought: House District: 00				
MCGRATH, AMY, , ,	Oppose	President Senate State: KY				
Calendar Year-To-Date Per Election for Office Sought	52737.32 Disbur 2020	rsement For: Primary ★ General Other (specify) ▶				
Full Name of Payee GetThru		Date of Public Distribution/Dissemination				
Mailing Address PO Box 2690		10 15 2020				
PO Box 2690		Amount				
City State Zip	p Code	678.96				
	4501-0690	Transaction ID : VQZ6GAN5MC3 Date of Disbursement or Obligation				
Purpose of Expenditure Phone Program dial fees	Category/ Type	10 / 15 / Y 2020				
Name of Federal Candidate	✗ Support Office	Sought: House District: 00				
GIDEON, SARA, , ,	Oppose	President Senate State: ME				
Calendar Year-To-Date Per Election for Office Sought	23125.30 Disbut 2020	rsement For: Primary ★ General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	·····	2411.65				
(b) SUBTOTAL of Unitemized Independent Expenditures	·····					
(c) TOTAL Independent Expenditures	······					
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.						
with, or at the request or suggestion of, any candidate or authorized co	emmittee or agent of either,	or (if the reporting entity is not a political				

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 filed	on M = M / D = D / Y = Y = Y			
Full Name of Payee GetThru		Date of Public Distribution/Dissemination			
Gettilla		10 15 2020			
Mailing Address PO Box 2690		Amount			
PO Box 2690		Amount			
	Code	3015.38			
Alameda CA 94:	501-0690	Transaction ID: VQZ6GAN5MD1 Date of Disbursement or Obligation			
Purpose of Expenditure Phone Program dial fees	ategory/ Type	10 / 15 / 2020			
Name of Federal Candidate	✗ Support Office	Sought: House District: 00			
PETERS, GARY, , ,	Oppose	President Senate State: MI			
Calendar Year-To-Date	Disbu	rsement For: Primary X General			
	39553.45 2020	Other (specify)			
Full Name of Payee GetThru		Date of Public Distribution/Dissemination			
		10 15 2020			
Mailing Address PO Box 2690		Amount			
PO Box 2690					
	Code	2095.76			
	4501-0690	Transaction ID : VQZ6GAN5ME9 Date of Disbursement or Obligation			
Purpose of Expenditure Phone Program dial fees	ategory/ Type	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	✗ Support Office	e Sought: House District: 00			
SMITH, TINA FLINT, , ,	Oppose	President Senate State: MN			
Calendar Year-To-Date	Disbu	ursement For: Primary X General			
	33869.50 2020	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	·····	5111.14			
(b) SUBTOTAL of Unitemized Independent Expenditures	······				
(c) TOTAL Independent Expenditures	·····				
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.					
Pascal, Harry, , , [Electronicall] Signature	ly Filed] Date 1	0 16 2020			
Signature					

Schedule E)		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 report	ort Amends report file	d on M M M / D D / Y Y Y Y Y			
Full Name of Payee GetThru		Date of Public Distribution/Dissemination			
Germin		10 15 Y Y 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		Amount			
*	Zip Code	3893.07			
Alameda CA	94501-0690	Transaction ID : VQZ6GAN5MF7 Date of Disbursement or Obligation			
Purpose of Expenditure Phone Program dial fees	Category/ Type	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Office	ce Sought: House District: 00			
BULLOCK, STEVE, , ,	Oppose	President Senate State: MT			
Calendar Year-To-Date		oursement For: Primary X General			
Per Election for Office Sought	9917.16 2020	Other (specify)			
Full Name of Payee		Date of Public Distribution/Dissemination			
GetThru		10 15 / Y Y 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		Amount			
	Zip Code	869.63			
Alameda CA	94501-0690	Transaction ID: VQZ6GAN5MG5 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	10 15 / 2020			
Name of Federal Candidate	Support Offic	ce Sought:			
EASTMAN, KARA, , ,	Oppose	President Senate State: NE			
Calendar Year-To-Date	000	Dursement For: Primary			
Per Election for Office Sought	22553.17	Other (specify) >			
(a) SUBTOTAL of Itemized Independent Expenditures	>	4762.70			
(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 authorized party committee) any political party committee or its agent.	•	•			
Pascal, Harry, , , [Electroni Signature	cally Filed] Date	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Gigitaturo					

schedule E)	FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	C C00580068
	C coccocco
heck if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	ate of Public Distribution/Dissemination
GetThru	10 15 2020
Mailing Address PO Box 2690	
PO Box 2690	mount
City State Zip Code	678.04
	ransaction ID : VQZ6GAN5MH2 ate of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/ Type	10 15 2020
Name of Federal Candidate Support Office So	ought: House District:00
SHAHEEN, JEANNE, , ,	esident State: NH
Calendar Year-To-Date Per Election for Office Sought Disburser 2020	ment For: Primary X General
	Other (specify) ▶
Full Name of Payee Da GetThru	ate of Public Distribution/Dissemination
Mailing Address PO Box 2690	10 15 2020
At A	mount
City State Zip Code	905.44
Alameda CA 94501-0690 Tra	ansaction ID : VQZ6GAN5MJ0 ate of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees Category/ Type	M 10 / 15 / Y 2020
Name of Federal Candidate Support Office Sc	ought: House District: 00
CUNNINGHAM, CAL, , ,	esident X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburse 2020	ment For: Primary Seneral
Per Election for Office Sought	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	1583.48
(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 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.	• • • • • • • • • • • • • • • • • • • •
Pascal, Harry, , , [Electronically Filed] Date Signature	16 2020

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI ENE	ATOTILO		PAGE 9 OF 17 FOR SE OF FORM 24/48		
AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Progressive Turnout Project	C00580068					
Check if 24-hour report 48-hour report	X New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y		
Full Name of Payee			Date of Pul	blic Distribution/Dissemination		
GetThru			10	15 / Y Y 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		3753.65		
Alameda	CA	94501-0690		n ID: VQZ6GAN5MK8 sbursement or Obligation		
Purpose of Expenditure Phone Program dial fees		Category/ Type	10	15 / 2020		
Name of Federal Candidate		x Support	Office Sought:	House District: 00		
HARRISON, JAIME, , ,		Oppose	President	Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		53990.47	Disbursement For:	: Primary X General (specify) ▶		
Full Name of Payee				blic Distribution/Dissemination		
Paychex			M 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			Amount	10 2020		
City	State	Zip Code		22800.93		
Rochester	NY	14625-2311		ID: VQZ6GAN5KG2 sbursement or Obligation		
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	10 M	15 / 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	-,,	1660537.84	Disbursement For 2020 Other	: Primary ✗ General (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expend	itures			26554.58		
				7 - 7		
(b) SUBTOTAL of Unitemized Independent Expe	nditures		• •	, , , , ,		
(c) TOTAL Independent Expenditures			•	7 1 7 1 7		
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize					
Pascal, Harry, , ,	[Electro	nically Filed] Date	10 16			
-						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXICIO	TIONES	PAGE 10 OF 17 FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Progressive Turnout Project	Progressive Turnout Project					
Check if 24-hour report 48-hour repor	t New rep	port Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Paychex			10 15 2020			
Mailing Address 911 Panorama Trl S			Amount			
City	State	Zip Code	7452.02			
Rochester	NY	14625-2311	Transaction ID : VQZ6GAN5KJ8 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	10			
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	.,.,	54293.01	Disbursement For: Primary General 2020 Other (specify) ▶			
Full Name of Payee	_		Date of Public Distribution/Dissemination			
Paychex			10 15 7 2020			
Mailing Address 911 Panorama Trl S			Amount			
City	State	Zip Code	5700.68			
Rochester	NY	14625-2311	Transaction ID : VQZ6GAN5KK5 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	10 15 / Y 2020			
Name of Federal Candidate		x Support	Office Sought: House District: 00			
KELLY, MARK, , ,		Oppose	President Senate State: AZ			
Calendar Year-To-Date Per Election for Office Sought	, , ,	92058.64	Disbursement For: Primary General 2020 Gther (specify) ▶			
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 13152.70			
(,)			10102.10			
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•			
(c) TOTAL Independent Expenditures						
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Pascal, Harry, , ,	[Electron	nically Filed] Date	10 16 2020			
Olghalule						

	neddie E)		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC II	DENTIFICATION NUMBER ▼
ΥI	ogressive Turnout Project	С	C00580068
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M	/ D D / Y Y Y Y Y
Т	Full Name of Payee	Date of Publi	ic Distribution/Dissemination
	Paychex	10	15 / 2020
	Mailing Address 911 Panorama Trl S	Amount	
ŀ	City State Zip Code		6509.52
	Rochester NY 14625-2311		ID: VQZ6GAN5KM3 ursement or Obligation
	Purpose of Expenditure Staff Time Phone Calls Category/ Type	10	15 2020
Ī	Name of Federal Candidate Support Office	e Sought:	House District: 00
	HICKENLOOPER, JOHN W., , ,	President	Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought Disbute 90720.56		Primary Seneral
ŀ		Other (sp	pecify)
	Full Name of Payee Paychex	M = M	ic Distribution/Dissemination
-	Mailing Address 911 Panorama Trl S	10 Amount	15 2020
ŀ	City State Zip Code		6444.26
	Rochester NY 14625-2311		D: VQZ6GAN5KP9 pursement or Obligation
	Purpose of Expenditure Staff Time Phone Calls Category/ Type	10 ^M	15 2020
ľ	Name of Federal Candidate Support Offic	e Sought:	House District:00
	OSSOFF, T. JONATHAN, , ,	President	Senate State: GA
	Calendar Year-To-Date Per Election for Office Sought Disb 2020		Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		12953.78
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.		
		0 / D D	/ Y Y Y Y Y 2020
	Signature		

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OF

Ochedule L)							FOR SE O	F FORM 24/48
NAME OF COMMITTEE						FEC	IDENTIFICAT	ION NUMBER ▼
Progressive Tur	nout Project					С	C00580068	
Check if X 24-hour re	eport 48-hour report	X New repo	ort An	nends repo	ort filed	on M M M	/ D D /	Y I Y I Y
Full Name of Payee						Date of Pub	lic Distribution	n/Dissemination
Paychex						10	15	2020
Mailing Address 91	1 Panorama Trl S					Amount		
City		State	Zip Code					6254.72
Rochester		NY	14625-231	1			ID: VQZ6G/ oursement or	
Purpose of Expendi Staff Time Phone C			Category/ Type			10 N	15	2020
Name of Federal Ca	andidate		×	Support	Office	Sought:	House	District: 00
WARNOCK, RAPHA	AEL, , ,			Oppose		President	X Senate	State: GA
Calendar Year- Per Election fo	To-Date r Office Sought		70549.35	5	Disbur 2020	rsement For:	Primar	y General Special General
Full Name of Payer								n/Dissemination
Paychex	•					M M M	/ DISTRIBUTION	/ Y Y Y Y Y Y 2020
Mailing Address	911 Panorama Trl S					Amount	13	2020
City		State	Zip Code					5554.13
Rochester		NY	14625-231	11			ID: VQZ6GA oursement or	
Purpose of Expendi Staff Time Phone C			Category/ Type			10	15	2020
Name of Federal C	andidate		×	Support	Office	Sought:	House	District:00
GREENFIELD, THE	RESA, , ,			Oppose		President	X Senate	State: IA
Calendar Year- Per Election fo	To-Date r Office Sought	7 1 7	29598.09	9	Disbui 2020	rsement For: Other (s	Primai	ry X General
(a) SUBTOTAL of Ite	emized Independent Expenditu	ıres			·· ▶			11808.85
(b) SUBTOTAL of U	nitemized Independent Expend	ditures			·· •			
(c) TOTAL Independ	ent Expenditures				·· •		7	
with, or at the reques	jury I certify that the independ of or suggestion of, any candid political party committee or its	date or authorized						
Pascal, I	Harry, , ,	[Electroni	ically Filed]	Date	e 10			20
Signature								

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OF

	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 report Amends report filed on	M = M / D = D / Y = Y = Y		
	te of Public Distribution/Dissemination		
Paychex	10		
Mailing Address 911 Panorama Trl S	nount		
City State Zip Code	7199.41		
Rochester NY 14625-2311 Tra	Transaction ID : VQZ6GAN5KS3 Date of Disbursement or Obligation		
Purpose of Expenditure Staff Time Phone Calls Category/ Type	10 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office Sou	ught: House District: 00		
BOLLIER, BARBARA, , , Oppose Pres	sident Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought Disbursem 2020			
1 St. Electrical Control Control	Other (specify)		
Full Name of Payee Dat Paychex	te of Public Distribution/Dissemination		
Mailing Address 911 Panorama Trl S	10 15 2020 nount		
City State Zip Code	4259.86		
Dat	nsaction ID : VQZ6GAN5KT1 te of Disbursement or Obligation		
Purpose of Expenditure Staff Time Phone Calls Category/ Type	10 15 / 2020		
Name of Federal Candidate Support Office Sou	ught: House District: 00		
MCGRATH, AMY, , ,	sident Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought Disbursem 2020	nent For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	11459.27		
(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, 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.			
Pascal, Harry, , , [Electronically Filed] Date 10	/ 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

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OF

		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 Mam / Dad / Yayayay	
Full Name of Payee		Date of Public Distribution/Dissemination	
Paychex		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 911 Panorama Trl S		Amount	
City State	Zip Code	2986.39	
Rochester NY	14625-2311	Transaction ID : VQZ6GAN5KV9 Date of Disbursement or Obligation	
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	✗ Support Office	e Sought: House District:00	
GIDEON, SARA, , ,	Oppose	President Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought	23125.30 Disbu		
		Other (specify) ►	
Full Name of Payee Paychex		Date of Public Distribution/Dissemination	
Mailing Address 911 Panorama Trl S		10 15 2020 Amount	
City State	Zip Code	2987.45	
Rochester NY	14625-2311	Transaction ID : VQZ6GAN5KW7 Date of Disbursement or Obligation	
Purpose of Expenditure Staff Time Phone Calls	Category/ Type	10 15 / 2020	
Name of Federal Candidate	✗ Support Office	e Sought: House District: 00	
PETERS, GARY, , ,	Oppose	President Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought	139553.45 Disb	orsement For:	
(a) SUBTOTAL of Itemized Independent Expenditures		5973.84	
(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, 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.			
Pascal, Harry, , , [Electr	onically Filed] Date 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			

PAGE

OF

Schedule E)	FOR SE OF FORM 24/48		
IAME 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 Man / Dab / Yayayay		
Full Name of Payee Paychex	Date of Public Distribution/Dissemination		
·	10 / 15 / 2020		
Mailing Address 911 Panorama Trl S	Amount		
City State Zip Code	6288.14		
Rochester NY 14625-2311	Transaction ID : VQZ6GAN5KX4 Date of Disbursement or Obligation		
Purpose of Expenditure Staff Time Phone Calls Category/ Type	10 15 / 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: 00		
SMITH, TINA FLINT, , , Oppose	President Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	rrsement For: Primary General Other (specify)		
Full Name of Payee	Date of Public Distribution/Dissemination		
Paychex	10 15 / 2020		
Mailing Address 911 Panorama Trl S	Amount		
City State Zip Code	6024.09		
Rochester NY 14625-2311	Transaction ID: VQZ6GAN5KY2		
Purpose of Expenditure Stoff Time Phane Colle Category/	Date of Disbursement or Obligation		
Staff Time Phone Calls Type	10 15 2020		
Name of Federal Candidate Support Office	e Sought: House District: 00		
BULLOCK, STEVE, , , Oppose	President Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	orsement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	12312.23		
(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, 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.			
Pascal, Harry, , , [Electronically Filed] Date 1	0 16 2020		
Signature			

Progressive Turnout Project FEC IDENTFICATION NUMBER ▼		modulo L)		FOR SE OF FORM 24/48	
C CO0580008 Check if			FEC	DENTIFICATION NUMBER ▼	
Full Name of Payee Paychex Mailing Address 911 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Name of Federal Candidate EASTMAN, KARA,	۲.	rogressive rumout Project	С	C00580068	
Mailing Address 911 Panorama Trl S City State Zip Code NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate Payce Paychex Mailing Address 911 Panorama Trl S Calendar Year-To-Date Payce Paychex Mailing Address 911 Panorama Trl S Calendar Year-To-Date Payce Paychex Mailing Address 911 Panorama Trl S Calendar Year-To-Date Sought Category/ Type Date of Public Distribution/Dissemination Transaction ID : V026GANSK20 Date of Disbursement or Obligation Transaction ID : V026GANSK20 Date of Disbursement or Obligation Disbursement For: Primary IX General Per Election for Office Sought Date of Public Distribution/Dissemination Payce Paychex Amount City State Zip Code NY 14625-2311 Category/ Type Transaction ID : V026GANSK20 Date of Public Distribution/Dissemination Transaction ID : V026GANSK20 Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Transaction ID : V026GANSK20 Da	Che	eck if 24-hour report 48-hour report New report Amends report filed		/ D = D / Y = Y = Y	
Mailing Address g11 Panorama Trl S City State Zip Code NY 14625-2311 Name of Federal Candidate Satth NE Category/ Type			Date of Pu	ublic Distribution/Dissemination	
City State Zip Code Rochester NY 14625-2311 Name of Federal Candidate ParyColor Sought Full Name of Payee PayChex Mailing Address 911 Panorama Trl S City State Zip Code NY 14625-2311 Name of Federal Candidate Purpose of Expenditure State Time Phone Calls City State Zip Code NY 14625-2311 Name of Federal Candidate State NY 15 2020 Name of Federal Candidate State NY 16625-2311 None of Federal Candidate State NY 16625-2311 None of Federal Candidate State NE Stat		•			
Rochester NY 14625-2311 Firmsection D: VOZEGANSKZD Date of Disbursement or Obligation Staff Time Phone Calls Name of Federal Candidate EASTMAN, KARA, Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Staff Time Phone Calls NY 14625-2311 Disbursement For: Primary x General Paychex Full Name of Payce Paychex Mailing Address 911 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Name of Federal Candidate Staff Time Phone Calls NY 14625-2311 Name of Federal Candidate Staff Time Phone Calls NY 14625-2311 Name of Federal Candidate Staff Time Phone Calls NY 14625-2311 Disbursement For: Primary x General Transaction ID: VOZEGANSMO8 Date of Public Distribution/Dissemination "10" 15" 2020 Amount Transaction ID: VOZEGANSMO8 Date of Public Distribution/Dissemination "10" 15" 2020 Transaction ID: VOZEGANSMO8 Date of Public Distribution/Dissemination "10" 15" 2020 Name of Federal Candidate NY 14625-2311 Transaction ID: VOZEGANSMO8 Date of Disbursement or Obligation Transaction ID: VOZEGANSMO8 Da		Mailing Address 911 Panorama Trl S	Amount		
Rochester NY 14625-2311 Firmsection D: VOZEGANSKZD Date of Disbursement or Obligation Staff Time Phone Calls Name of Federal Candidate EASTMAN, KARA, Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Staff Time Phone Calls NY 14625-2311 Disbursement For: Primary x General Paychex Full Name of Payce Paychex Mailing Address 911 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Name of Federal Candidate Staff Time Phone Calls NY 14625-2311 Name of Federal Candidate Staff Time Phone Calls NY 14625-2311 Name of Federal Candidate Staff Time Phone Calls NY 14625-2311 Disbursement For: Primary x General Transaction ID: VOZEGANSMO8 Date of Public Distribution/Dissemination "10" 15" 2020 Amount Transaction ID: VOZEGANSMO8 Date of Public Distribution/Dissemination "10" 15" 2020 Transaction ID: VOZEGANSMO8 Date of Public Distribution/Dissemination "10" 15" 2020 Name of Federal Candidate NY 14625-2311 Transaction ID: VOZEGANSMO8 Date of Disbursement or Obligation Transaction ID: VOZEGANSMO8 Da	ŀ	City State Zip Code		2977.76	
Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate EASTMAN, KARA, ,				on ID : VQZ6GAN5KZ0	
EASTMAN, KARA, Oppose President Senate State: NE Calendar Year-To-Date Per Election for Office Sought 22553.17 Disbursement For: Primary ★ General Paychex Mailing Address 911 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Transaction ID: V025GAN5M08 Date of Disbursement or Obligation Purpose of Expenditure Staff Time Phone Calls NY 14625-2311 Office Sought: House District: 00 Name of Federal Candidate SHAHEEN, JEANNE Oppose President ★ Senate State: NH Calendar Year-To-Date Per Election for Office Sought: House District: 00 SUBTOTAL of Itemized Independent Expenditures Disbursement For: Primary ★ General 2020 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. Pascal, Harry Leternnically Filed Date 10		Staff Time Phone Calls	M = M	/ D D / Y Y Y	
Calendar Year-To-Date Per Election for Office Sought Payee Paychex Full Name of Payee Paychex		Name of Federal Candidate Support Office	Sought:	₩ House District: 02	
Per Election for Office Sought Per Election for Office Sought Full Name of Payee Paychex Mailing Address 911 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate SHAHEEN, JEANNE,, Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		EASTMAN, KARA, , , Oppose	President	Senate State: NE	
Full Name of Payee Paychex Mailing Address 911 Panorama Trl S City State Zip Code Rochester NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate SHAHEEN, JEANNE Calendar Year-To-Date Per Election for Office Sought Agencial Amount Transaction ID: V026GAN5M08 Date of Disbursement or Obligation Transaction ID: V026GAN5M08 Date of Disburse		Calcillati Total To Bate		,	
Mailing Address 911 Panorama Tri S City State Zip Code Rochester NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate SHAHEEN, JEANNE Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury 1 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. Pascal, Harry Pascal, Harry Electronically Filed Date 10 16 2020 2000		Tel Election of Office Cought	Other		
Mailing Address 911 Panorama Trl S City State Zip Code NY 14625-2311 Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate SHAHEEN, JEANNE, Oppose President State: NH Oppose Disbursement or Obligation Name of Federal Candidate SHAHEEN, JEANNE, Oppose President State: NH Oppose Other (specify) Calendar Year-To-Date Per Election for Office Sought 14997.49 (a) SUBTOTAL of Itemized Independent Expenditures. 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. Pascal, Harry, (Electronically Filed) Date Amount Amou			M M	/ D D / Y Y Y Y	
Rochester NY 14625-2311 Transaction ID: VOZ6GAN5M08 Date of Disbursement or Obligation Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate SHAHEEN, JEANNE, Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures 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. Pascal, Harry, [Electronically Filed] Date Transaction ID: VOZ6GAN5M08 Date of Disbursement or Obligation Transaction ID: VOZ6GAN5M08 Date of Disbursement or Obligation Transaction ID: VOZ6GAN5M08 Date of Disbursement or Obligation President A Support Office Sought: House District: 00 Oppose President A Senate State: NH Disbursement For: Primary A General 2020 Other (specify) Under (specify) 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.		Mailing Address 911 Panorama Trl S		15 2020	
Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate SHAHEEN, JEANNE, , Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures 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. Date of Disbursement or Obligation Office Sought: House District: 00 President		City State Zip Code		2004.90	
Purpose of Expenditure Staff Time Phone Calls Name of Federal Candidate SHAHEEN, JEANNE Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures 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. [Electronically Filed] Date Office Sought: House District: 00 Office Sought: House District: 100 Disbursement For: Primary X General 2020 Other (specify) > 4982.66 Under (specify) > 4982.66					
SHAHEEN, JEANNE,		Staff Time Phone Calls	M = M	/ D D / Y Y Y Y	
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	e Sought:	House District: 00	
Per Election for Office Sought 14997.49 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		SHAHEEN, JEANNE, , , Oppose Oppose	President	Senate State: NH	
(c) TOTAL Independent Expenditures		2020)		
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. Pascal, Harry, , , [Electronically Filed] Date 10 16 2020	((a) SUBTOTAL of Itemized Independent Expenditures		4982.66	
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. Pascal, Harry, , , [Electronically Filed] Date Manner Date 10 16 2020	((b) SUBTOTAL of Unitemized Independent Expenditures			
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. Pascal, Harry, , , [Electronically Filed] Date Date	((c) TOTAL Independent Expenditures		<u> </u>	
[Electronically Filed] Date 10 16 2020	١	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			
Duto 10 10 10 10 10 10 10 10 10 10 10 10 10		[F1 +			
		Bato			

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXPEND	TIONES		PAGE 17 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC I	DENTIFICATION NUMBER ▼
Progressive Turnout Project			C	C00580068
Check if 24-hour report 48-hour report	t New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Paychex			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 911 Panorama Trl S			Amount	
City	State	Zip Code		2119.71
Rochester	NY	14625-2311		ID: VQZ6GAN5M16 ursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	10	15 2020
Name of Federal Candidate		✗ Support	Office Sought:	House District: 00
CUNNINGHAM, CAL, , ,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		110032.52	Disbursement For: 2020 Other (s	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Paychex			10	15 / 2020
Mailing Address 911 Panorama Trl S			Amount	
City	State	Zip Code		11815.60
Rochester	NY	14625-2311		D: VQZ6GAN5M24 oursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	10	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		x Support	Office Sought:	House District: 00
HARRISON, JAIME, , ,		Oppose	President	Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		53990.47	Disbursement For: 2020 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		• •	13935.31
(b) SUBTOTAL of Unitemized Independent Exp	penditures			4
(c) TOTAL Independent Expenditures			>	151409.61
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.				
Pascal, Harry, , ,	[Electron	nically Filed] Date	9 10 16	2020
5.ga.a. 5				