24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
For Our Future	
	C C00620971
Check if 24-hour report 48-hour report New report Amends report filed	on
Full Name of Payee	Date of Public Distribution/Dissemination
For Our Future Action Fund	09 27 2022
Mailing Address PO Box 34390	03 21 2022
	Amount
City State Zip Code	484.10
Washington DC 20043-4390	Transaction ID: VSG8MA2ZV90 Date of Disbursement or Obligation
Purpose of Expenditure Phone Banking Services (Estimate) Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:00
BARNES, MANDELA, , ,	President Senate State: WI
Odiciladi icai io bato	ursement For: Primary X General
Per Election for Office Sought 14564.57 2022	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Toskr, Inc	09 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1330 Broadway	Amount
FI 3	Allount
City State Zip Code	13.13
Oakland CA 94612-2503	Transaction ID : VSG8MA2ZVD1 Date of Disbursement or Obligation
Purpose of Expenditure Phone Bank (Estimate) Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	e Sought:
LEE, SUSIE, , ,	President Senate State: NV
Calendar Year-To-Date Disb	ursement For: Primary X General
Per Election for Office Sought 25989.01 2022	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	497.23
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m 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.	•
Unger, Ben, , ,	M / D D / Y Y Y Y
[Electronically Filed] Date Signature	09 28 2022
-	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 6 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
For Our Future	C C00620971	
Check if 24-hour report X 48-hour report Ne	ew report Amends report filed on M M / D D / Y Y Y Y	
Full Name of Payee	Date of Public Distribution/Dissemination	
For Our Future Action Fund	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 34390	Amount	
City State	Zip Code 573.75	
Washington DC	20043-4390 Transaction ID : VSG8MA2ZVJ1 Date of Disbursement or Obligation	
Purpose of Expenditure Phone Banking Services (Estimate)	Category/ Type	
Name of Federal Candidate	Support Office Sought: X House District: 01	
TITUS, DINA, , ,	Oppose President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2022 Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
For Our Future Action Fund	09 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 34390	Amount	
City State	Zip Code 956.25	
Washington DC	20043-4390 Transaction ID : VSG8MA2ZVC3 Date of Disbursement or Obligation	
Purpose of Expenditure Phone Banking Services (Estimate)	Category/ Type	
Name of Federal Candidate	Support Office Sought: M House District: 03	
LEE, SUSIE, , ,	Oppose President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ★ General 2022 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	1530.00	
(b) CURTOTAL of Unitamized Independent Expanditures		
(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.		
	lectronically Filed] Date 09 28 2022	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	IN EXILID			PAGE 3 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
For Our Future				C C00620971
				0 00020011
Check if	X New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
For Our Future Action Fund			I	09 26 2022
Mailing Address PO Box 34390			Amou	nt
				70.00
City	State DC	Zip Code	Trans	72.03
Washington		20043-4390		action ID: VSG8MA2ZVH3 of Disbursement or Obligation
Purpose of Expenditure Digital Communications Services (Estimate)		Category/ Type	М	M / D D / Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sough	t: X House District:03
PFAFF, BRAD, , ,		Oppose	Preside	
Calendar Year-To-Date			Disbursemen	t For: Primary Seneral
Per Election for Office Sought		2955.53	²⁰²² o	ther (specify)
Full Name of Payee			Date	of Public Distribution/Dissemination
For Our Future Action Fund			N	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 34390			Amou	
			Amou	nt
City	State	Zip Code		2776.31
Washington	DC	20043-4390	Transa Date	oction ID : VSG8MA2ZVB5 of Disbursement or Obligation
Purpose of Expenditure Canvassing Services (Estimate)		Category/	N	M
Canvassing Services (Estimate)		Type	┙╵ <u>┖</u>	
Name of Federal Candidate		✗ Support	Office Sough	nt: House District: 00
DEMINGS, VAL, , ,		Oppose	Preside	ent Senate State: FL
Calendar Year-To-Date			Disbursemen	nt For: Primary X General
Per Election for Office Sought		6514.08	2022 o	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expend	tures		·· ▶	2848.34
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	
(c) TOTAL Independent Expenditures				
(6) 101112 1114072112111 2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any care party committee) any political party committee or	didate or authorized			
Unger, Ben, , ,	[Electron	nically Filed] Date	M M /	28 2022
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 6 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
For Our Future	C C00620971	
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	
Facebook	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1 Hacker Way	mount	
City State Zip Code	2000.00	
Menlo Park CA 94025-1456 T	ransaction ID: VSG8MA2ZVG5 Date of Disbursement or Obligation	
Purpose of Expenditure Digital Advertising (Estimate) Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office S	ought: X House District: 03	
PEAFE BRAD	resident Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought Disburse 2955.53 Disburse 2022	ement For: Primary General Other (specify)	
	Date of Public Distribution/Dissemination	
Toskr, Inc	09 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1330 Broadway	Amount	
FI 3	undunt	
City State Zip Code	21.00	
	ansaction ID: VSG8MA2ZVF7 Date of Disbursement or Obligation	
Purpose of Expenditure Phone Bank (Estimate) Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office S	ought: House District:	
MASTO, CATHERINE CORTEZ, , ,	resident Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought Disburse 2022	ement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	2021.00	
	2021.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4	
(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.		
Unger, Ben, , , [Electronically Filed] Date 09	28 2022	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
For Our Future	C C00620971
	<u> </u>
Check if 24-hour report 48-hour report New report Amends report file	ed on M / D D / Y Y Y Y
Full Name of Payee Scale to Win	Date of Public Distribution/Dissemination
	09 27 2022
Mailing Address 13742 Harper St	Amount
City State Zip Code	273.05
Santa Ana CA 92703-1419	Transaction ID : VSG8MA2ZVA8 Date of Disbursement or Obligation
Purpose of Expenditure Phone Bank (Estimate) Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Off	ice Sought: House District: 00
BARNES, MANDELA, , ,	President State: WI
Calendar Year-To-Date Per Election for Office Sought Dis 202	sbursement For: Primary X General 22 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
For Our Future Action Fund	09 26 2022
Mailing Address PO Box 34390	Amount
City State Zip Code	1530.00
Washington DC 20043-4390	Transaction ID : VSG8MA2ZVE9 Date of Disbursement or Obligation
Purpose of Expenditure Phone Banking Services (Estimate) Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Of	fice Sought: House District:
MASTO, CATHERINE CORTEZ, , ,	President Senate State: NV
	sbursement For: Primary General Other (specify) ☐ Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1803.05
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
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 eit party committee) any political party committee or its agent.	
Unger, Ben, , , [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 6 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
For Our Future	C C00620971
	M = M / D = D / Y = Y = Y
Check if24-hour report 48-hour report New report Amends report fi	iled on
Full Name of Payee Toskr, Inc	Date of Public Distribution/Dissemination
Mailing Address 1330 Broadway	09 26 2022
FI 3	Amount
City State Zip Code	7.88
Oakland CA 94612-2503	Transaction ID : VSG8MA2ZVK9 Date of Disbursement or Obligation
Purpose of Expenditure Phone Bank (Estimate) Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Of	ffice Sought: X House District: 01
TITUS, DINA, , ,	President Senate State: NV
Calcillati Ical Io Bato	isbursement For: Primary Seneral
	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	-
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support O	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	isbursement For: Primary General
Tot Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	7.88
(a)	7.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	8707.50
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 eiparty committee) any political party committee or its agent.	
Unger, Ben, , , [Electronically Filed] Date	09 28 2022
Signature	