## 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 file                                                                                                                                                                                         | ed on M = M / D = D / Y = Y = Y                                                          |
| Full Name of Payee                                                                                                                                                                                                                                           | Date of Public Distribution/Dissemination                                                |
| Deliver Strategies, LLC                                                                                                                                                                                                                                      | Date of Public Distribution/Dissernination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Mailing Address 3100 Clarendon Blvd                                                                                                                                                                                                                          | Amount                                                                                   |
| Ste 200                                                                                                                                                                                                                                                      | 7 Miledin                                                                                |
| City State Zip Code                                                                                                                                                                                                                                          | 3322.32                                                                                  |
| Arlington VA 22201-5302                                                                                                                                                                                                                                      | Transaction ID : VSG8M9YHW03  Date of Disbursement or Obligation                         |
| Purpose of Expenditure Printing and Production - Canvassing Literature  Category/ Type 004                                                                                                                                                                   | 08 / 21 / 2018                                                                           |
| Name of Federal Candidate Support Office                                                                                                                                                                                                                     | ce Sought: House District:                                                               |
| Baldwin, Tammy, , ,                                                                                                                                                                                                                                          | President Senate State: WI                                                               |
| Calendar Year-To-Date Per Election for Office Sought  Dist 201:                                                                                                                                                                                              | bursement For: Primary General  8 Other (specify)                                        |
| Full Name of Payee For Our Future Action Fund                                                                                                                                                                                                                | Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1411 K St NW                                                                                                                                                                                                                                 | 00 10 2010                                                                               |
| Ste 900                                                                                                                                                                                                                                                      | Amount                                                                                   |
| City State Zip Code                                                                                                                                                                                                                                          | 2321.09                                                                                  |
| Washington DC 20005-3425                                                                                                                                                                                                                                     | Transaction ID : VSG8M9YHVY7 Date of Disbursement or Obligation                          |
| Purpose of Expenditure Estimated Cost for Canvassing Services from 8/18-8/21  Category/ Type  004                                                                                                                                                            | 08 / 18 / 2018                                                                           |
| Name of Federal Candidate Support Offi                                                                                                                                                                                                                       | ce Sought: House District:                                                               |
| Baldwin, Tammy, , ,                                                                                                                                                                                                                                          | President Senate State: WI                                                               |
| Calendar Year-To-Date Per Election for Office Sought  Dis 201                                                                                                                                                                                                | bursement For: Primary General  Other (specify)                                          |
| (a) SUBTOTAL of Itemized Independent Expenditures                                                                                                                                                                                                            | 5643.41                                                                                  |
| (b) SUBTOTAL of Unitemized Independent Expenditures                                                                                                                                                                                                          |                                                                                          |
| (c) TOTAL Independent Expenditures                                                                                                                                                                                                                           |                                                                                          |
| Under penalty of perjury I certify that the independent expenditures reported herein were not newth, 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. | · · · · · · · · · · · · · · · · · · ·                                                    |
| Gallegos, Sky, , , [Electronically Filed] Date                                                                                                                                                                                                               | 08 24 2018                                                                               |
| Signature                                                                                                                                                                                                                                                    |                                                                                          |

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E)                                                                                                                                                                                                                                                                                                                                                 | PAGE 2 OF 2<br>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                                                                                                                                                                                                                                                                                                                                  | 08 22 7018                                            |  |
| Mailing Address 1411 K St NW                                                                                                                                                                                                                                                                                                                                | int                                                   |  |
| Ste 900                                                                                                                                                                                                                                                                                                                                                     |                                                       |  |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                         | 8648.34                                               |  |
|                                                                                                                                                                                                                                                                                                                                                             | saction ID: VSG8M9YHVZ5 of Disbursement or Obligation |  |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                      | 08 22 2018                                            |  |
| Name of Federal Candidate  X Support  Office Sough                                                                                                                                                                                                                                                                                                          | nt: House District:                                   |  |
| Baldwin, Tammy, , , Oppose Preside                                                                                                                                                                                                                                                                                                                          | \\\\\                                                 |  |
| Calendar Year-To-Date Per Election for Office Sought  Disbursement 2018                                                                                                                                                                                                                                                                                     | nt For:  Primary                                      |  |
| Full Name of Payee Date                                                                                                                                                                                                                                                                                                                                     | of Public Distribution/Dissemination                  |  |
|                                                                                                                                                                                                                                                                                                                                                             | M = M / D = D / Y = Y = Y                             |  |
| Mailing Address Amou                                                                                                                                                                                                                                                                                                                                        | unt                                                   |  |
| 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 Office Sough                                                                                                                                                                                                                                                                                                              | nt: House District:                                   |  |
| Oppose Preside                                                                                                                                                                                                                                                                                                                                              | ent Senate State:                                     |  |
| Calendar Year-To-Date  Disbursemen                                                                                                                                                                                                                                                                                                                          | nt For: Primary General                               |  |
| Per Election for Office Sought                                                                                                                                                                                                                                                                                                                              | Other (specify)                                       |  |
| (a) SUBTOTAL of Itemized Independent Expenditures                                                                                                                                                                                                                                                                                                           | 8648.34                                               |  |
|                                                                                                                                                                                                                                                                                                                                                             |                                                       |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures                                                                                                                                                                                                                                                                                                         |                                                       |  |
| (c) TOTAL Independent Expenditures                                                                                                                                                                                                                                                                                                                          | 14291.75                                              |  |
| 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. |                                                       |  |
| Gallegos, Sky, , ,  [Electronically Filed] Date 08                                                                                                                                                                                                                                                                                                          | 24 2018                                               |  |
| Signature                                                                                                                                                                                                                                                                                                                                                   |                                                       |  |