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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive Turnout Project	
	C C00580068
Check if 24-hour report	i on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690	09 27 2020
PO Box 2690	Amount
City State Zip Code	21482.17
Alameda CA 94501-0690	Transaction ID : VQZ6GAN07C5 Date of Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees  Category/ Type	09 27 2020
Name of Federal Candidate Support Offic	e Sought: House District: 00
BIDEN, JOSEPH R JR, , ,	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought  Disb 2020	ursement For: Primary   General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
GetThru	09 27 2020
Mailing Address PO Box 2690	
PO Box 2690	Amount
City State Zip Code	3425.74
Alameda CA 94501-0690	Transaction ID : VQZ6GAN07D2  Date of Disbursement or Obligation
Purpose of Expenditure  Category/  Category/	M = M / D = D / Y = Y = Y
Phone Program dial fees Type	09 27 2020
	e Sought: House District: 00
OSSOFF, T. JONATHAN, , , Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought  Disb 2020	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	10.701
(a) SUBTOTAL OF REMIZED INDEPENDENT Expenditures	24907.91
(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.	•
Pascal, Harry, , ,  [Electronically Filed] Date	09 28 2020
Signature	

Schedule E)	IN EXILID	TIONES		PAGE 2 OF 6 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	port Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
GetThru				09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690			Amoun	t
PO Box 2690				
City	State	Zip Code		3324.98
Alameda	CA	94501-0690		ction ID: VQZ6GAN07E0  f Disbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type		09 27 2020
Name of Federal Candidate		Support	Office Sought	: House District: 00
WARNOCK, RAPHAEL, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		36038.94	Disbursement 2020 X Ot	For: Primary General her (specify) ► Special General
Full Name of Payee			Date o	f Public Distribution/Dissemination
GetThru				09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2690			Amour	nt
PO Box 2690			Amour	
City	State	Zip Code		6301.63
Alameda Purpose of Expenditure	CA	94501-0690		ction ID: VQZ6GAN07F8  f Disbursement or Obligation
Phone Program dial fees		Category/ Type		09 / 27 / 2020
Name of Federal Candidate		<b>✗</b> Support	Office Sought	: House District:00
PETERS, GARY, , ,		Oppose	Preside	nt Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	.,,	81180.25	Disbursement 2020 Ot	For: Primary   General  her (specify)
(a) SUBTOTAL of Itemized Independent Expendi	tures			9626.61
				7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>•</b>	4
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Pascal, Harry, , ,	[Electron	nically Filed] Date	9 09	28 / 2020
Olynatul <del>C</del>				

Schedule E)	VI EXI END	TTOTILO		PAGE 3 OF 6 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	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
GetThru			09	/ 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		3962.04
Alameda	CA	94501-0690		n ID: VQZ6GAN07G6 bursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	09	27 / 2020
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	7	25485.60	Disbursement For:	Primary ★ General specify) ▶
Full Name of Payee	_			blic Distribution/Dissemination
GetThru			M M M 09	27 2020
Mailing Address PO Box 2690				
PO Box 2690			Amount	
City	State	Zip Code		3353.64
Alameda	CA	94501-0690		ID: VQZ6GAN07H4 sbursement or Obligation
Purpose of Expenditure Phone Program dial fees		Category/ Type	09	/ 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
CUNNINGHAM, CAL, , ,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	69752.52	Disbursement For: 2020 Other (	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			7315.68
(b) SUBTOTAL of Unitemized Independent Expend	itures			
				7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7- 1 - 75- 1
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	nically Filed] Date	M M / D 28	
olynature				<del></del>

Schedule E)	INT EXI ENL	ON ONES		PAGE 4 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Progressive Turnout Project			C	C00580068
Check if 24-hour report × 48-hour report	X New re	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Paychex			M 09	/ D D / Y Y Y Y Y Y 2020
Mailing Address 911 Panorama Trl S			Amount	
City	State	Zip Code		64477.40
Rochester	NY	14625-2311		ID: VQZ6GAN0767 oursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	09	27 2020
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
BIDEN, JOSEPH R JR, , ,		Oppose	<b>✗</b> President	Senate State:00
Calendar Year-To-Date Per Election for Office Sought		1122994.65	Disbursement For: 2020 Other (s	Primary <b>X</b> General pecify) ▶
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Paychex			09	27 Y 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		9425.30
Rochester	NY	14625-2311		ID: VQZ6GAN0775 oursement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	09	27 / 2020
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
OSSOFF, T. JONATHAN, , ,		Oppose	President	Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		37131.05	Disbursement For: 2020 Other (s	Primary <b>X</b> General specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures			73902.70
, , ,			-7	10002.10
(b) SUBTOTAL of Unitemized Independent Expenses	nditures		. >	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorize			
Pascal, Harry, , ,	[Electro	onically Filed] Date	09 / 28	2020
3. <del>3</del>				

Sc	chedule E)	PAGE 5 OF 6 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ρ	rogressive Turnout Project	C C00580068
Che	eck if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Paychex	09 / 27 / 2020
	Mailing Address 911 Panorama Trl S	Amount
ŀ	City State Zip Code	9148.08
	Rochester NY 14625-2311	Transaction ID : VQZ6GAN0783  Date of Disbursement or Obligation
	Purpose of Expenditure Staff Time Phone Calls  Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	e Sought: House District: 00
	WARNOCK, RAPHAEL, , ,	President Senate State: GA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2020	ursement For: Primary General  ✓ Other (specify) ► Special General
	Full Name of Payee	Date of Public Distribution/Dissemination
	Paychex	09 27 2020
	Mailing Address 911 Panorama Trl S	Amount
ı	City State Zip Code	14094.70
	Rochester NY 14625-2311	Transaction ID : VQZ6GAN0791 Date of Disbursement or Obligation
	Purpose of Expenditure Staff Time Phone Calls  Category/ Type	09 / 27 / 2020
	Name of Federal Candidate Support Office	e Sought: House District: 00
	PETERS, GARY, , , Oppose	President X Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought  Disb 2020	oursement For:  Primary  General  Gene
(	(a) SUBTOTAL of Itemized Independent Expenditures	23242.78
	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not me 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.	
	CT1	09 28 2020
	-	

Schedule E)	IVI EXI EIVE	TI OILE	<u> </u>	PAGE 6 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Progressive Turnout Project			C	00580068
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Paychex			09	27 / Y Y Y Y Y Y 2020
Mailing Address 911 Panorama Trl S			Amount	
City	State	Zip Code		9547.41
Rochester	NY	14625-2311		D: VQZ6GAN07A9 sement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	09	27 / 2020
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
SMITH, TINA FLINT, , ,		Oppose	President X	Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	, , ,	25485.60	Disbursement For: 2020 Other (spe	Primary <b>✗</b> General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Paychex			M M /	27 / 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		9933.19
Rochester	NY	14625-2311		: VQZ6GAN07B7 rement or Obligation
Purpose of Expenditure Staff Time Phone Calls		Category/ Type	09	27 / 2020
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
CUNNINGHAM, CAL, , ,		Oppose	President <b>x</b>	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	69752.52	Disbursement For: 2020 Other (spe	Primary ✗ General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	iree			10490 00
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITE				19480.60
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	4
(c) TOTAL Independent Expenditures			•	158476.28
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 i	date or authorize			
Pascal, Harry, , , Signature	[Electron	nically Filed] Date	09 28	2020
5.ga.a. 5				