

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

For Our Future

ADDRESS (number and street) PO Box 34390

Check if different than previously reported. (ACC) Washington DC 20043

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00620971 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 03 / 01 / 2020 through M M / D D / Y Y Y Y Y Y 03 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Stoltz, Gail, , ,

Type or Print Name of Treasurer

Signature of Treasurer Stoltz, Gail, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 20 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

For Our Future

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="3478959.27"/>	<input type="text" value="3478959.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4627705.85"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4143.92"/>	<input type="text" value="2554840.79"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="4631849.77"/>	<input type="text" value="6033800.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76633.19"/>	<input type="text" value="1478583.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4555216.58"/>	<input type="text" value="4555216.58"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="20694.30"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

For Our Future

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	750.00	2550031.00
(ii) Unitemized	383.00	1774.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1133.00	2551805.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1133.00	2551805.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	3000.00	3000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	10.92	35.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4143.92	2554840.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4143.92	2554840.79

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	75344.52	1451563.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	75344.52	1451563.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	8999.99
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1288.67	18020.44
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	76633.19	1478583.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76633.19	1478583.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1133.00	2551805.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1133.00	2551805.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	75344.52	1451563.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3000.00	3000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	72344.52	1448563.05

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
For Our Future

A. Holmer, Deana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 141st PI NE
 City Bellevue State WA Zip Code 98007-6912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AWS Occupation (for Individual) Support Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2020
Transaction ID : VSH7WKFWBR8
 Amount of Each Receipt this Period
 500.00
 Memo Item
 * Earmarked Contribution: See Below

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1133.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2020
Transaction ID : VSH7WKFWBR8E
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Perkins, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1811 Humboldt St
 City Santa Rosa State CA Zip Code 95404-2451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2020
Transaction ID : VSH7WKCH8A9
 Amount of Each Receipt this Period
 250.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
For Our Future

A. ActBlue

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1133.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		09		2020

Transaction ID : VSH7WKCH8A9E

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	750.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NGP VAN, Inc.

Mailing Address **PO Box 392264**

City **Pittsburgh** State **PA** Zip Code **15251-9264**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
03 / 31 / 2020

Transaction ID : VSH7WKGWMM9

Amount of Each Receipt this Period
3000.00

Memo Item

Refund of 3/27/20 Software Expense

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Intuit		Date of Disbursement MM / DD / YYYY 03 / 02 / 2020
Mailing Address 2700 Coast Ave		FEC Identification Number C [REDACTED] Transaction ID : VSG8MA0MR
City Mountain View	State CA	Zip Code 94043-1140
Purpose of Disbursement Software		Amount of Each Disbursement this Period [REDACTED] 159.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Trister, Ross, Schadler & Gold, PLLC		Date of Disbursement MM / DD / YYYY 03 / 27 / 2020
Mailing Address 1666 Connecticut Ave NW Ste 5		FEC Identification Number C [REDACTED] Transaction ID : VSG8MA0Q8I
City Washington	State DC	Zip Code 20009-1039
Purpose of Disbursement Legal Services		Amount of Each Disbursement this Period [REDACTED] 16116.24
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 03 / 31 / 2020
Mailing Address PO Box 392264		FEC Identification Number C [REDACTED] Transaction ID : VSG8MA0QA
City Pittsburgh	State PA	Zip Code 15251-9264
Purpose of Disbursement Software		Amount of Each Disbursement this Period [REDACTED] 750.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 17025.24
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 03 / 31 / 2020
Mailing Address 1825 K St NW		FEC Identification Number C [] Transaction ID : VSG8MA0R8' Amount of Each Disbursement this Period [] 2.50
City Washington	State DC	Zip Code 20006-1245
Purpose of Disbursement Bank Fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 03 / 02 / 2020
Mailing Address 366 Summer St		FEC Identification Number C [] Transaction ID : VSG8MA0MK Amount of Each Disbursement this Period [] 0.52
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 03 / 20 / 2020
Mailing Address 366 Summer St		FEC Identification Number C [] Transaction ID : VSG8MA0P7 Amount of Each Disbursement this Period [] 2.49
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Credit Card Processing Fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 5.51
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Trister, Ross, Schadler & Gold, PLLC

Full Name (Last, First, Middle Initial)

Mailing Address 1666 Connecticut Ave NW
Ste 5

City Washington State DC Zip Code 20009-1039

Purpose of Disbursement Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 06 / 2020

FEC Identification Number: C

Transaction ID : VSG8MA0Q8.

Amount of Each Disbursement this Period: 6523.47

Memo Item

B. ActBlue Technical Services

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 09 / 2020

FEC Identification Number: C

Transaction ID : VSG8MA0NA.

Amount of Each Disbursement this Period: 13.94

Memo Item

C. Bill.com

Full Name (Last, First, Middle Initial)

Mailing Address 1810 Embarcadero Rd

City Palo Alto State CA Zip Code 94303-3308

Purpose of Disbursement Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 31 / 2020

FEC Identification Number: C

Transaction ID : VSG8MA0Q7

Amount of Each Disbursement this Period: 625.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7162.41

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

A. Kinetic21, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 667 S Mountain Rd

City New City State NY Zip Code 10956-5709

Purpose of Disbursement Strategic Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 27 / 2020

FEC Identification Number C

Transaction ID : VSG8MAOPTI

Amount of Each Disbursement this Period 1500.00

Memo Item

B. NGP VAN, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 392264

City Pittsburgh State PA Zip Code 15251-9264

Purpose of Disbursement Erroneous Software Charge - Refunded on 3/31/20

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 27 / 2020

FEC Identification Number C

Transaction ID : VSG8MA0QA

Amount of Each Disbursement this Period 3000.00

Memo Item

C. Facebook

Full Name (Last, First, Middle Initial)

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025-1456

Purpose of Disbursement Digital Advertising - No Express Advocacy

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 27 / 2020

FEC Identification Number C

Transaction ID : VSG8MA0Q7

Amount of Each Disbursement this Period 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 03 / 24 / 2020
Mailing Address 1825 K St NW		FEC Identification Number C [] Transaction ID : VSG8MA0R8 Amount of Each Disbursement this Period [] 89.78
City Washington	State DC	Zip Code 20006-1245
Purpose of Disbursement Bank Fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MBA Consulting Group		Date of Disbursement MM / DD / YYYY 03 / 27 / 2020
Mailing Address 611 Pennsylvania Ave SE Num 143		FEC Identification Number C [] Transaction ID : VSG8MA0Q8 Amount of Each Disbursement this Period [] 6545.02
City Washington	State DC	Zip Code 20003-4303
Purpose of Disbursement Compliance Services, Shipping		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Renaissance Campaign Strategies		Date of Disbursement MM / DD / YYYY 03 / 20 / 2020
Mailing Address 437 Madison Ave		FEC Identification Number C [] Transaction ID : VSG8MA0PS Amount of Each Disbursement this Period [] 8679.90
City New York	State NY	Zip Code 10022-7001
Purpose of Disbursement Political Strategy Consulting Services, Travel Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: [] District: []	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 15314.70
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial)

A. Catalyst

Mailing Address 1090 Vermont Ave NW
Ste 300

City
Washington

State
DC

Zip Code
20005-4966

Purpose of Disbursement
Data Research Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	2	0

FEC Identification Number

C []
Transaction ID : VSG8MAOPT:
 Amount of Each Disbursement this Period
 [] 25678.72

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill.com

Mailing Address 1810 Embarcadero Rd

City
Palo Alto

State
CA

Zip Code
94303-3308

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	2	0

FEC Identification Number

C []
Transaction ID : VSG8MA0MR
 Amount of Each Disbursement this Period
 [] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer St

City
Somerville

State
MA

Zip Code
02144-3132

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	2	0

FEC Identification Number

C []
Transaction ID : VSG8MA0NY
 Amount of Each Disbursement this Period
 [] 8.18

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

[] 26186.90

TOTAL This Period (last page this line number only).....▶

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 03 / 27 / 2020	
Mailing Address 366 Summer St		FEC Identification Number C	
City Somerville	State MA	Zip Code 02144-3132	Transaction ID : VSG8MAOPP
Purpose of Disbursement Credit Card Processing Fees		Category/Type	Amount of Each Disbursement this Period 19.75
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	19.75
TOTAL This Period (last page this line number only).....▶	75214.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
For Our Future

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 03 / 18 / 2020	
Mailing Address PO Box 392264		FEC Identification Number C [] Transaction ID : VSG8MA0R8' Amount of Each Disbursement this Period [] 900.00	
City Pittsburgh	State PA	Zip Code 15251-9264	Category/ Type []
Purpose of Disbursement Non-Federal Phonebanking Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Minuteman Press		Date of Disbursement MM / DD / YYYY 03 / 12 / 2020	
Mailing Address 1717 S Broad St		FEC Identification Number C [] Transaction ID : VSG8MA0Q9I Amount of Each Disbursement this Period [] 375.95	
City Philadelphia	State PA	Zip Code 19148-1527	Category/ Type []
Purpose of Disbursement Non-Federal Canvassing Literature		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 1275.95

TOTAL This Period (last page this line number only)..... ▶

[] 1275.95

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Facebook			Nature of Debt (Purpose): Non-Federal Digital Advertising
Mailing Address 1 Hacker Way			
City Menlo Park	State CA	Zip Code 94025-1456	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H9RM3	
Amount Incurred This Period 2417.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 2417.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilbert & Wolfand, PC			Nature of Debt (Purpose): Accounting Services
Mailing Address 2201 Wisconsin Ave NW			
City Washington	State DC	Zip Code 20007-4190	

Outstanding Balance Beginning This Period 9720.00	Transaction ID : VSEA49H9QT7	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9720.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Facebook			Nature of Debt (Purpose): Digital Advertising - No Express Advocacy
Mailing Address 1 Hacker Way			
City Menlo Park	State CA	Zip Code 94025-1456	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VSEA49H9RP8	
Amount Incurred This Period 8557.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8557.00

1) SUBTOTALS This Period This Page (optional)..... ▶	20694.30
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
For Our Future

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trister, Ross, Schadler & Gold, PLLC			Nature of Debt (Purpose): Legal Services
Mailing Address 1666 Connecticut Ave NW Ste 5			
City Washington	State DC	Zip Code 20009-1039	

Outstanding Balance Beginning This Period <input type="text" value="6523.47"/>		Transaction ID : VSEA49H9QS9	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6523.47"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="20694.30"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="20694.30"/>