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

Schedule E)		FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
Progressive Turnout Project		C C00580068	
		O tities.	
Check if X 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee	1	Date of Public Distribution/Dissemination	
Budget Rental		11 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 6 Sylvan Way		Amount	
City State Zip C	ode	308.58	
Parsippany NJ 0705-		Transaction ID : VQZ6GAH25H8 Date of Disbursement or Obligation	
Purpose of Expenditure travel Cate	gory/ Type	11 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	✗ Support Office S	Sought: House District: 00	
ESPY, ALPHONSO MICHAEL, , ,		President Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought	05 50 2018 -	ement For:	
Full Name of Payee		Date of Public Distribution/Dissemination	
Hampton Inn		11 25 / Y Y Y Y Y Y	
Mailing Address 320 Greymont Ave		Amount	
City State Zip C	ode	2002.59	
		ransaction ID : VQZ6GAH25F2 Date of Disbursement or Obligation	
Purpose of Expenditure travel	gory/ Type	11 25 / 2018	
Name of Federal Candidate	✗ Support Office S	Sought: House District: 00	
ESPY, ALPHONSO MICHAEL, , ,	Oppose F	President Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought	Disburs 2018	sement For:	
(a) SUBTOTAL of Itemized Independent Expenditures		2311.17	
	,		
(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 F	iled] Date 11	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			

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

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Progressive Turnout Project	C C00580068		
	M M M / D D / Y Y Y Y Y		
Check if 24-hour report 48-hour report New report Amends report file			
Full Name of Payee United Airlines	Date of Public Distribution/Dissemination		
	11 25 2018		
Mailing Address PO Box 6649	Amount		
City State Zip Code	802.40		
Chicago IL 60606-0649	Transaction ID : VQZ6GAH25G0 Date of Disbursement or Obligation		
Purpose of Expenditure travel Category/ Type	11 / 25 / 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		
ESPY, ALPHONSO MICHAEL, , ,	President Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General 8 X Other (specify) Run-off General		
Full Name of Payee	Date of Public Distribution/Dissemination		
	M = M / D = D / Y = Y = Y		
Mailing Address	Amount		
City State Zip Code			
Purpose of Expenditure Category/	Date of Disbursement or Obligation		
Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate Support Offi	ce Sought: House District:		
Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	bursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	802.40		
(b) SUBTOTAL of Unitemized Independent Expenditures	1171710		
(c) TOTAL Independent Expenditures	3113.57		
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 11 25 2018			
Signature			