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 ▼
Protect Our Future PAC	C C00801514
Check if 24-hour report 48-hour report New report Amends report filed	i on M M / D D / Y Y Y Y
Full Name of Payee Person 2 Person Solutions	Date of Public Distribution/Dissemination
Person 2 Person Solutions	07 18 2022
Mailing Address 55 Washington St	Amount
Ste 702	Anount
City State Zip Code	33660.80
Brooklyn NY 11201-1063	Transaction ID: 500252375 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Services Category/ Type	07
Name of Federal Candidate Support Office	e Sought: X House District: 22
CONOLE, FRANCIS, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disbut 100982.40 2022	
	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Maillian Addus as	
Mailing Address	Amount
City State Zip Code	
State Zip Gode	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbr	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	33660.80
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 7
(c) TOTAL Independent Expenditures	33660.80
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.	
Buto	07 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	