

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Progressive Turnout Project			FEC IDENTIFICATION NUMBER ▼ C C00580068	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Merrimack Services LLC			Date of Public Distribution/Dissemination MM / DD / YYYYYY 08 / 24 / 2026	
Mailing Address 59 State St Ste 206			Amount 10250.00	
City Newburyport	State MA	Zip Code 01950-6643	Transaction ID : 500333839	
Purpose of Expenditure Field Organizing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 08 / 25 / 2026	
Name of Federal Candidate DAVIS, DON, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		27859.53	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
Full Name of Payee Merrimack Services LLC			Date of Public Distribution/Dissemination MM / DD / YYYYYY 08 / 24 / 2026	
Mailing Address 59 State St Ste 206			Amount 12060.30	
City Newburyport	State MA	Zip Code 01950-6643	Transaction ID : 500333840	
Purpose of Expenditure Field Organizing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 08 / 25 / 2026	
Name of Federal Candidate COOPER, ROY, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		35940.93	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22310.30	
(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.				
Signature Pascal, Harry, , ,			Date MM / DD / YYYYYY 08 / 25 / 2026	

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NAME OF COMMITTEE (In Full) Progressive Turnout Project		FEC IDENTIFICATION NUMBER ▼ C C00580068
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Merrimack Services LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 24 / 2026
Mailing Address 59 State St Ste 206		Amount 10100.00
City Newburyport	State MA	Zip Code 01950-6643
Purpose of Expenditure Field Organizing	Category/ Type	Transaction ID : 500333841 Date of Disbursement or Obligation MM / DD / YYYY 08 / 25 / 2026
Name of Federal Candidate AGER, JAMIE, , ,		☒ Support ☐ Oppose
Office Sought: ☐ President ☐ Senate		District: 11 State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		☐ Support ☐ Oppose
Office Sought: ☐ President ☐ Senate		District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10100.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	32410.30

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, , ,

Signature

Date

MM / DD / YYYY
08 / 25 / 2026