

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

NAME OF COMMITTEE (In Full) Fund the Future			FEC IDENTIFICATION NUMBER ▼ C C00812495		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee Agency Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY			
Mailing Address 600 E Court Ave Ste 160		Amount 306128.96			
City Des Moines	State IA	Zip Code 50309-2058	Transaction ID : 500412116		
Purpose of Expenditure Direct Mail		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		306128.96	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY			
Mailing Address		Amount			
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		306128.96			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....		306128.96			
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 Norton Chapman, Molly, , ,		Date MM / DD / YYYY			