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

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
Protect Our Future PAC		C C00801514	
		C 00001314	
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee		Date of Public Distribution/Dissemination	
Resonance Campaigns		05 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 913 Florida Ave NW		Amount	
City State	Zip Code	16900.20	
Washington DC	20001-4001	Transaction ID: 500103613 Date of Disbursement or Obligation	
Purpose of Expenditure Direct Mail Services	Category/ Type	05 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	x Support	Office Sought:	
FOUSHEE, VALERIE, , ,	Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	982062.70	Disbursement For: ★ Primary General 2022 Other (specify) ▶	
Full Name of Payee Resonance Campaigns		Date of Public Distribution/Dissemination	
		05 06 2022	
Mailing Address 913 Florida Ave NW		Amount	
City State	Zip Code	16900.20	
Washington DC	20001-4001	Transaction ID : 500103615 Date of Disbursement or Obligation	
Purpose of Expenditure Direct Mail Services	Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	x Support	Office Sought: House District: 04	
FOUSHEE, VALERIE, , ,	Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	982062.70	Disbursement For: Primary General 2022 Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		33800.40	
(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.			
	nically Filed] Date	05 06 / 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 ▼
Protect Our Future PAC		C C00801514
Check if 24-hour report 48-hour report New repo	ort Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee Resonance Campaigns		Date of Public Distribution/Dissemination
		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 913 Florida Ave NW		Amount
City State	Zip Code	28983.69
	20001-4001	Transaction ID : 500103617 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Services	Category/ Type	05 / 06 / 2022
Name of Federal Candidate	Support Office	ce Sought:
FOUSHEE, VALERIE, , ,	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	982062.70 Disk 2022	bursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	Zip Code	-
	•	S. to of District and Obligation
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Type	
Name of Federal Candidate	Support Office	ce Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Dist	bursement For: Primary General
Tot Election for Onice coagnit		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	28983.69
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		62784.09
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	cally Filed] Date	05 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		