

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

NAME OF COMMITTEE (In Full) AZ PROGRESSIVE FUTURE			FEC IDENTIFICATION NUMBER ▼ C C00879312		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on					
		M M / D D / Y Y Y Y Y Y 07 / 14 / 2024			
Full Name of Payee Voter phones			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 13 / 2024		
Mailing Address PO Box 1492			Amount 5000.00		
City Ashville		State NC	Zip Code 28802		
Purpose of Expenditure Text Messages		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 14 / 2024	
Name of Federal Candidate O'Callahan, Conor, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
36271.08					
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		
Purpose of Expenditure		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
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..... ▶			5000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			5000.00		
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 McGrady, Sonya, , ,			Date M M / D D / Y Y Y Y Y Y 09 / 09 / 2024		