

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

NAME OF COMMITTEE (In Full) FUTURE COALITION PAC			FEC IDENTIFICATION NUMBER ▼ C C00882555		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee IMGE LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 08 / 2024		
Mailing Address 1401 H STREET NW STE 550			Amount 71428.57		
City WASHINGTON		State DC	Zip Code 20005		Transaction ID : SE.4208
Purpose of Expenditure DIGITAL MEDIA		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			1776675.42 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee RED OCTOBER PRODUCTIONS, INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 08 / 2024		
Mailing Address 1851A MCGUCKIAN STREET			Amount 23667.00		
City ANNAPOLIS		State MD	Zip Code 21401		Transaction ID : SE.4210
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 04 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			1943728.30 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95095.57		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			95095.57		
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 ZABORNEY, RAY, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 10 / 2024		