

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	

Full Name of Payee Merrimack Services LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 29 / 2026		
Mailing Address 59 State St Ste 206			Amount 11454.35		
City Newburyport	State MA	Zip Code 01950-6643	Transaction ID : 500334715		
Purpose of Expenditure field organizing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 30 / 2026		
Name of Federal Candidate SHAH, AMISH, DR., ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought		11454.35	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶		

Full Name of Payee Merrimack Services LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 29 / 2026		
Mailing Address 59 State St Ste 206			Amount 13984.90		
City Newburyport	State MA	Zip Code 01950-6643	Transaction ID : 500334716		
Purpose of Expenditure field organizing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 30 / 2026		
Name of Federal Candidate FORSTAG, SAMUEL, KELLEY, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought		13984.90	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25439.25
(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.

Pascal, Harry, , ,

Signature

Date

MM / DD / YYYY
08 / 30 / 2026

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(Schedule E)PAGE 2 OF 2
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Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Merrimack Services LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 29 / 2026	
Mailing Address 59 State St Ste 206		Amount 15311.70	
City Newburyport	State MA	Zip Code 01950-6643	Transaction ID : 500334717
Purpose of Expenditure field organizing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 30 / 2026	
Name of Federal Candidate TAYLOR, SHANNON, LEIGH, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

Full Name of Payee Merrimack Services LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 29 / 2026	
Mailing Address 59 State St Ste 206		Amount 17537.30	
City Newburyport	State MA	Zip Code 01950-6643	Transaction ID : 500334718
Purpose of Expenditure field organizing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 30 / 2026	
Name of Federal Candidate LURIA, ELAINE, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32849.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	58288.25

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 / 30 / 2026