

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Future Progress	FEC IDENTIFICATION NUMBER ▼ C C00746628
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on	

Full Name of Payee Green & Wood Media Services			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024	
Mailing Address 4170 Greenwood Drive			Amount 67500.00	
City Des Moines	State IA	Zip Code 50312	Transaction ID : SE.4408	
Purpose of Expenditure Media production and time buy (estimated)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		330000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

Full Name of Payee Hamburger Group Creative			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024	
Mailing Address 5614 Connecticut Ave NW			Amount 50000.00	
City Washington	State DC	Zip Code 20015	Transaction ID : SE.4409	
Purpose of Expenditure Digital ad Production & time buy (estimated)		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024	
Name of Federal Candidate PELTOLA, MARY, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought		50000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	117500.00
(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.

Foucart, Brian, , ,

Signature

Date

MM / DD / YYYY
10 / 25 / 2024

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Future Progress			FEC IDENTIFICATION NUMBER ▼ C C00746628		
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 Hamburger Group Creative			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2024		
Mailing Address 5614 Connecticut Ave NW			Amount 22500.00		
City Washington		State DC	Zip Code 20015		Transaction ID : SE.4410
Purpose of Expenditure Media expense (estimated)		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 262500.00			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
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		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
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..... ▶ 22500.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 140000.00					
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 Foucart, Brian, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2024		