

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

NAME OF COMMITTEE (In Full) Forward Majority Action			FEC IDENTIFICATION NUMBER ▼ C C00631549		
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 The Outreach Team, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 19 / 2024		
Mailing Address 407 College Ave Ste 349			Amount 260000.00		
City Ithaca State NY Zip Code 14850-6701		Transaction ID : 500081981 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2024			
Purpose of Expenditure GOTV Canvass		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought			1270000.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee The Outreach Team, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address 407 College Ave Ste 349			Amount 450000.00		
City Ithaca State NY Zip Code 14850-6701		Transaction ID : 500082201 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2024			
Purpose of Expenditure GOTV Canvass		Category/ Type			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US
Calendar Year-To-Date Per Election for Office Sought			1270000.00 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			710000.00		
(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.					
Signature Hausman, Victoria, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2024		

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NAME OF COMMITTEE (In Full) Forward Majority Action	FEC IDENTIFICATION NUMBER ▼ C C00631549
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on	

Full Name of Payee The Outreach Team, LLC			Date of Public Distribution/Dissemination 10 / 19 / 2024	
Mailing Address 407 College Ave Ste 349			Amount 260000.00	
City Ithaca	State NY	Zip Code 14850-6701	Transaction ID : 500081982	
Purpose of Expenditure GOTV Canvass		Category/ Type	Date of Disbursement or Obligation 10 / 18 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		1270000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee The Outreach Team, LLC			Date of Public Distribution/Dissemination 10 / 18 / 2024	
Mailing Address 407 College Ave Ste 349			Amount 300000.00	
City Ithaca	State NY	Zip Code 14850-6701	Transaction ID : 500082200	
Purpose of Expenditure GOTV Canvass		Category/ Type	Date of Disbursement or Obligation 10 / 18 / 2024	
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		1270000.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	560000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1270000.00

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.

Hausman, Victoria, , ,

Signature

Date

10 / 19 / 2024