

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FF PAC

ADDRESS (number and street)

611 Pennsylvania Ave SE

Num 143

Washington

DC

20003

Check if different  
than previously  
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00669259

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

DC

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 17 2024

through

M M M / D D D / Y Y Y Y Y Y  
11 25 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

McLean, Chauncey, , ,

Signature of Treasurer

McLean, Chauncey, , ,

Date

M M M / D D D / Y Y Y Y Y Y  
12 05 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

FF PAC

Report Covering the Period:

From:

MM / DD / YYYY  
10 / 17 / 2024

To:

MM / DD / YYYY  
11 / 25 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		23974224.23
(b) Cash on Hand at Beginning of Reporting Period.....	20718633.58	
(c) Total Receipts (from Line 19) .....	163548997.96	532297912.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	184267631.54	556272136.56
7. Total Disbursements (from Line 31) .....	184202904.92	556207409.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	64726.62	64726.62
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	47304039.68	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**FF PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 17 2024

To:

M M / D D / Y Y Y Y  
11 25 2024**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

6250.00

(ii) Unitemized .....

175.00

315.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

175.00

6565.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

175.00

11565.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

163548822.96

532286347.33

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

163548997.96

532297912.33

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

163548997.96

532297912.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	18.93	377.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	18.93	377.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	174334510.32	455493678.87
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	9868375.67	100713353.71
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	184202904.92	556207409.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	184202904.92	556207409.94

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	175.00	11565.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	175.00	11565.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	18.93	377.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18.93	377.36

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taylor, Erin, , ,**

Mailing Address 3916 McKinley Blvd

City  
SacramentoState  
CAZip Code  
95819-2031FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Political SolutionsOccupation (for Individual)  
Advocate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2024**Transaction ID : 28343400**

Amount of Each Receipt this Period

5000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343400E**

Amount of Each Receipt this Period

5000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sievert, Suzanne, , ,**

Mailing Address 10122 NE 64th St

City  
KirklandState  
WAZip Code  
98033-6829FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2024**Transaction ID : 28411400**

Amount of Each Receipt this Period

25000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2024**Transaction ID : 28411400E**

Amount of Each Receipt this Period

25000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. International Alliance of Theatrical Stage Employees Federal Speech PAC**Mailing Address 207 W 25th St  
FI 4City  
New YorkState  
NYZip Code  
10001-7141FEC ID number of contributing  
federal political committee.**C** C00528455

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2024**Transaction ID : 28130010**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Laborers' International Union of North America Political Fund**

Mailing Address 905 16th St NW

City  
WashingtonState  
DCZip Code  
20006-1703FEC ID number of contributing  
federal political committee.**C** C00752048

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2024**Transaction ID : 28408940**

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

550000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Brownscombe, Tom, , ,

Mailing Address 3019 Tanglely Rd

City  
HoustonState  
TXZip Code  
77005-2355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2024

Transaction ID : 28463340

Amount of Each Receipt this Period

50.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.** ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 08 / 2024

Transaction ID : 28463340E

Amount of Each Receipt this Period

50.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.** Sixteen Thirty Fund

Mailing Address 1201 Connecticut Ave NW

City

Washington

State

DC

Zip Code

20036-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2024

Transaction ID : 28688640

Amount of Each Receipt this Period

3000000.00

☐ Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000050.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Girma, Ida, , ,**Mailing Address 540 39th St  
Apt 643City  
OaklandState  
CAZip Code  
94609-3075FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

B Capital

Occupation (for Individual)

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2024**Transaction ID : 28092660**

Amount of Each Receipt this Period

300.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2024**Transaction ID : 28092660E**

Amount of Each Receipt this Period

300.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pohlad, Robert, , ,**Mailing Address 700 S 2nd St  
Apt 100

City

Minneapolis

State

MN

Zip Code

55401-2269

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

625000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024**Transaction ID : 28240570**

Amount of Each Receipt this Period

125000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Graden, Brian, , ,**

Mailing Address 1405 Miller Dr

City  
Los AngelesState  
CAZip Code  
90069-1421FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brian Graden MediaOccupation (for Individual)  
Tv Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2024

Transaction ID : 28343390

Amount of Each Receipt this Period

1000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024

Transaction ID : 28343390E

Amount of Each Receipt this Period

1000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Leblond, Antoine, , ,**

Mailing Address 1141 21st Ave E

City  
SeattleState  
WAZip Code  
98112-3512FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BumbleOccupation (for Individual)  
Software

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2024

Transaction ID : 28343401

Amount of Each Receipt this Period

5000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 192

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C**

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343401E**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sacks, Michael, , ,**Mailing Address 209 E Lake Shore Dr  
Unit 11ECity  
ChicagoState  
ILZip Code  
60611-1307FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GCM GrosvenorOccupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2024**Transaction ID : 28391711**

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. America Votes**Mailing Address 1155 Connecticut Ave NW  
Ste 600City  
WashingtonState  
DCZip Code  
20036-4324FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2024**Transaction ID : 28401521**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Laborers' International Union of North America Political Fund**

Mailing Address 905 16th St NW

City  
WashingtonState  
DCZip Code  
20006-1703FEC ID number of contributing  
federal political committee.

C C00752048

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2024

Transaction ID : 28391731

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sternlicht, Mimi, , ,**

Mailing Address 121 Old Mill Rd

City  
GreenwichState  
CTZip Code  
06831-3015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Foundation House

Creative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2024

Transaction ID : 28092641

Amount of Each Receipt this Period

25000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2024

Transaction ID : 28092641E

Amount of Each Receipt this Period

25000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

SUBTOTAL of Receipts This Page (optional)..... ►

525000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 192

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brownscombe, Tom, , ,**

Mailing Address 3019 Tangley Rd

City  
HoustonState  
TXZip Code  
77005-2355FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2024**Transaction ID : 28463341**

Amount of Each Receipt this Period

25.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 08 / 2024**Transaction ID : 28463341E**

Amount of Each Receipt this Period

25.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. New Leaf Energy, Inc.**Mailing Address 55 Technology Dr  
Ste 102

City

Lowell

State

MA

Zip Code

01851-5203

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2024**Transaction ID : 28166971**

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20025.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 192

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Charles, , ,**

Mailing Address 23914 W Woodway Ln

City  
WoodwayState  
WAZip Code  
98020-5229FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2024**Transaction ID : 28208091**

Amount of Each Receipt this Period

1000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2024**Transaction ID : 28208091E**

Amount of Each Receipt this Period

1000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Loudon, Mary, , ,**

Mailing Address 7304 54th Ave NE

City  
SeattleState  
WAZip Code  
98115-6214FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Mary Loudon

Occupation (for Individual)

Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2024**Transaction ID : 28343402**

Amount of Each Receipt this Period

500.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C**

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2024

**Transaction ID : 28343402E**

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sciarra, Paul, , ,**

Mailing Address 1353 Martin Ave

City  
Palo AltoState  
CAZip Code  
94301-3050FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Self-EmployedOccupation (for Individual)  
Entrepreneur

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2024

**Transaction ID : 28142502**

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Friedman, Robert, , ,**Mailing Address 2001 Wilshire Blvd  
Ste 650City  
Santa MonicaState  
CAZip Code  
90403-5864FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Self-EmployedOccupation (for Individual)  
Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2024

**Transaction ID : 28688802**

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Non-Contribution Account; Attribute to: Robert Friedman Revocable Trust

**SUBTOTAL** of Receipts This Page (optional).....▶

1000000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brownscombe, Tom, , ,**

Mailing Address 3019 Tanglely Rd

City  
HoustonState  
TXZip Code  
77005-2355FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2024**Transaction ID : 28148702**

Amount of Each Receipt this Period

50.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024**Transaction ID : 28148702E**

Amount of Each Receipt this Period

50.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Siegel, David, M, ,**

Mailing Address PO Box 577

City

New York

State

NY

Zip Code

10012-0011

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Two SigmaOccupation (for Individual)  
Co-Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2024**Transaction ID : 28243302**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100050.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brownscombe, Tom, , ,

Mailing Address 3019 Tanglely Rd

City  
HoustonState  
TXZip Code  
77005-2355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2024

Transaction ID : 28575212

Amount of Each Receipt this Period

10.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2024

Transaction ID : 28575212E

Amount of Each Receipt this Period

10.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Daly, Karla, , ,

Mailing Address 301 W 108th St

Apt 7E

City

New York

State

NY

Zip Code

10025-2725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Owl CapitalOccupation (for Individual)  
HR Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2024

Transaction ID : 28418712

Amount of Each Receipt this Period

300.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

310.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C**

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2024**Transaction ID : 28418712E**

Amount of Each Receipt this Period

300.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Future Forward USA Action**Mailing Address 611 Pennsylvania Ave SE  
Num 143City  
WashingtonState  
DCZip Code  
20003-4303FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256396760.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2024**Transaction ID : 28688522**

Amount of Each Receipt this Period

35000000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Future Forward USA Action**Mailing Address 611 Pennsylvania Ave SE  
Num 143City  
WashingtonState  
DCZip Code  
20003-4303FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

256396760.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2024**Transaction ID : 28688532**

Amount of Each Receipt this Period

90000000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

125000000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Carolyn, , ,**

Mailing Address 610 S B St

City  
Mount ShastaState  
CAZip Code  
96067-2706FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2024**Transaction ID : 28092642**

Amount of Each Receipt this Period

100.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2024**Transaction ID : 28092642E**

Amount of Each Receipt this Period

100.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dooley, Winifred, , ,**

Mailing Address 4420 N Clybourn Ave

City  
BurbankState  
CAZip Code  
91505-4005FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Winifred DooleyOccupation (for Individual)  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2024**Transaction ID : 28463342**

Amount of Each Receipt this Period

500.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2024

Transaction ID : 28463342E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Levine, Jonathan, , ,**

Mailing Address 14 Harrows Ln

City  
PurchaseState  
NYZip Code  
10577-1709FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Self Employed

Dentist

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2024

Transaction ID : 28343392

Amount of Each Receipt this Period

5000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2024

Transaction ID : 28343392E

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Herlong, William, , ,

Mailing Address PO Box 8217

City  
GreenvilleState  
SCZip Code  
29604-8217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2024

Transaction ID : 28208092

Amount of Each Receipt this Period

1000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2024

Transaction ID : 28208092E

Amount of Each Receipt this Period

1000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Oglesby, Jose, , ,

Mailing Address PO Box 99295

City  
SeattleState  
WAZip Code  
98139-0295FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2024

Transaction ID : 28343403

Amount of Each Receipt this Period

10000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 192

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024

Transaction ID : 28343403E

Amount of Each Receipt this Period

10000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Alpern, Lisa, , ,**

Mailing Address 3309 Barbydell Dr

City  
Los AngelesState  
CAZip Code  
90064-4809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Not Employed

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2024

Transaction ID : 28148703

Amount of Each Receipt this Period

10000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024

Transaction ID : 28148703E

Amount of Each Receipt this Period

10000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

10000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 192

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Engineers Political Education Committee EPEC**

Mailing Address 1125 17th St NW

City  
WashingtonState  
DCZip Code  
20036-4709FEC ID number of contributing  
federal political committee.**C** C00029504

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2024**Transaction ID : 28240703**

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Working for Working Americans**Mailing Address 101 Constitution Ave NW  
FI 10City  
WashingtonState  
DCZip Code  
20001-2153FEC ID number of contributing  
federal political committee.**C** C00490847

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2024**Transaction ID : 28141613**

Amount of Each Receipt this Period

2500000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Baron, Ken, , ,**Mailing Address 139 W 82nd St  
Apt 2FCity  
New YorkState  
NYZip Code  
10024-5521FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Two Sigma InvestmentsOccupation (for Individual)  
Investment Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2024**Transaction ID : 28343533**

Amount of Each Receipt this Period

10000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►

2760000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C**

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343533E**

Amount of Each Receipt this Period

10000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. America Votes**Mailing Address 1155 Connecticut Ave NW  
Ste 600City  
WashingtonState  
DCZip Code  
20036-4324FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2024**Transaction ID : 28148933**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jacoby, Peter, , ,**

Mailing Address 6203 Stoneham Ln

City  
McleanState  
VAZip Code  
22101-2342FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
AT&TOccupation (for Individual)  
Govt Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2024**Transaction ID : 28463333**

Amount of Each Receipt this Period

5000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►

1005000.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C**

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2024**Transaction ID : 28463333E**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wagner, Susan, , ,**

Mailing Address 8152 W Mercer Way

City  
Mercer IslandState  
WAZip Code  
98040-5629FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Not Employed

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2024**Transaction ID : 28092643**

Amount of Each Receipt this Period

1500.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C**

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2024**Transaction ID : 28092643E**

Amount of Each Receipt this Period

1500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sprayregen, Gerald, , ,**Mailing Address 44 Coconut Row  
# 502ACity  
Palm BeachState  
FLZip Code  
33480-4069FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2024**Transaction ID : 28242953**

Amount of Each Receipt this Period

400000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Democratic Majority, Inc.**Mailing Address 611 Pennsylvania Ave SE  
Num 143City  
WashingtonState  
DCZip Code  
20003-4303FEC ID number of contributing  
federal political committee.**C** C00781039

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2024**Transaction ID : 28688563**

Amount of Each Receipt this Period

70000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stauss, Eileen, , ,**

Mailing Address 32636 7th Ave SW

City  
Federal WayState  
WAZip Code  
98023-4901FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Eileen StaussOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024**Transaction ID : 28343393**

Amount of Each Receipt this Period

2500.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

472500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024

Transaction ID : 28343393E

Amount of Each Receipt this Period

2500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sonnenfeldt, Michael, , ,**

Mailing Address 146 Central Park W

City  
New YorkState  
NYZip Code  
10023-6297FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Self Employed

Investor

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2024

Transaction ID : 28208093

Amount of Each Receipt this Period

100000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2024

Transaction ID : 28208093E

Amount of Each Receipt this Period

100000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

100000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Patman, Carrin, , ,**Mailing Address 3262 Westheimer Rd  
Unit 212City  
HoustonState  
TXZip Code  
77098-1002FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
U.S. governmentOccupation (for Individual)  
Diplomat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2024**Transaction ID : 28411393**

Amount of Each Receipt this Period

25000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2024**Transaction ID : 28411393E**

Amount of Each Receipt this Period

25000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hilton, Liz, , ,**Mailing Address 715 2nd Ave  
# 2001

City

Seattle

State

WA

Zip Code

98104-1734

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2024**Transaction ID : 28343404**

Amount of Each Receipt this Period

50000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024

Transaction ID : 28343404E

Amount of Each Receipt this Period

50000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lewis, Melony, , ,**

Mailing Address 100 E Francis St

City  
AspenState  
COZip Code  
81611-1403FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Not Employed

Not Employed

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2024

Transaction ID : 28148704

Amount of Each Receipt this Period

10000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024

Transaction ID : 28148704E

Amount of Each Receipt this Period

10000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

10000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McRaith, Michael, , ,**

Mailing Address 3353 N Greenview Ave

City  
ChicagoState  
ILZip Code  
60657-2108FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024**Transaction ID : 28343534**

Amount of Each Receipt this Period

5000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343534E**

Amount of Each Receipt this Period

5000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Communications Workers of America COPE PCC**

Mailing Address 501 3rd St NW

City

Washington

State

DC

Zip Code

20001-2760

FEC ID number of contributing  
federal political committee.**C** C00002089

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2024**Transaction ID : 28141634**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fidelity**

Mailing Address PO Box 28019

City  
AlbuquerqueState  
NMZip Code  
87125-8019FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344731.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2024

**Transaction ID : 28688244**

Amount of Each Receipt this Period

117.04

☐ Memo Item

Non-Contribution Account; Dividend Income

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moyle, Sabrina, , ,**

Mailing Address 404 El Centro Rd

City  
HillsboroughState  
CAZip Code  
94010-6671FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Hello!Lucky

Co-Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2024

**Transaction ID : 28092644**

Amount of Each Receipt this Period

10000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2024

**Transaction ID : 28092644E**

Amount of Each Receipt this Period

10000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10117.04

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Keesee, Christian, , ,**Mailing Address 1001 W Wilshire Blvd  
FI 4City  
Oklahoma CityState  
OKZip Code  
73116-7004FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Kirkpatrick BankOccupation (for Individual)  
Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024**Transaction ID : 28185154**

Amount of Each Receipt this Period

200000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. America Votes**Mailing Address 1155 Connecticut Ave NW  
Ste 600City  
WashingtonState  
DCZip Code  
20036-4324FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2024**Transaction ID : 28243754**

Amount of Each Receipt this Period

2000000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Simons, Marilyn, , ,**Mailing Address 160 5th Ave  
FI 9City  
New YorkState  
NYZip Code  
10010-7007FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Simons FoundationOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2024**Transaction ID : 28726254**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3200000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Democratic Victory PAC, Inc.**Mailing Address 611 Pennsylvania Ave SE  
Num 143City  
WashingtonState  
DCZip Code  
20003-4303FEC ID number of contributing  
federal political committee.**C** C00753558

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2024**Transaction ID : 28688564**

Amount of Each Receipt this Period

40000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nesholm, Erika, , ,**Mailing Address 715 2nd Ave  
Apt 1902City  
SeattleState  
WAZip Code  
98104-1735FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Nesholm Family FoundationOccupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2024**Transaction ID : 28343384**

Amount of Each Receipt this Period

5000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343384E**

Amount of Each Receipt this Period

5000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shakes, Xi, , ,**

Mailing Address 9211 SE 33rd St

City  
Mercer IslandState  
WAZip Code  
98040-3110FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024**Transaction ID : 28343394**

Amount of Each Receipt this Period

250.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343394E**

Amount of Each Receipt this Period

250.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patman, Carrin, , ,**Mailing Address 3262 Westheimer Rd  
Unit 212City  
HoustonState  
TXZip Code  
77098-1002FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
U.S. governmentOccupation (for Individual)  
Diplomat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2024**Transaction ID : 28411394**

Amount of Each Receipt this Period

25000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C**

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2024**Transaction ID : 28411394E**

Amount of Each Receipt this Period

25000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cook, Tiffany, , ,**

Mailing Address 1629 38th Ave

City  
SeattleState  
WAZip Code  
98122-3443FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
WE CommunicationsOccupation (for Individual)  
Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2024**Transaction ID : 28148705**

Amount of Each Receipt this Period

250.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C**

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2024**Transaction ID : 28148705E**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bohutinsky, Amy, , ,**

Mailing Address 16524 Shore Dr NE

City  
Lake Forest ParkState  
WAZip Code  
98155-5631FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2024**Transaction ID : 28343535**

Amount of Each Receipt this Period

10000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343535E**

Amount of Each Receipt this Period

10000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lewis, Melony, , ,**

Mailing Address 100 E Francis St

City  
AspenState  
COZip Code  
81611-1403FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2024**Transaction ID : 28708565**

Amount of Each Receipt this Period

2000.00

☐ Memo ItemNon-Contribution Account; Non-Contribution Account;  
In-Kind: Catering, Food and Beverage**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

12000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Communications Workers of America COPE PCC**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760FEC ID number of contributing  
federal political committee.**C**

C00002089

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

1250000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2024

**Transaction ID : 28141665**

Amount of Each Receipt this Period

150000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Machinists Non Partisan Political League**

Mailing Address 9000 Machinists Pl

City

Upper Marlboro

State

MD

Zip Code

20772-2675

FEC ID number of contributing  
federal political committee.**C**

C00002469

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2024

**Transaction ID : 28688785**

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Singh, Jill, , ,**

Mailing Address 3832 92nd Ave NE

City

Yarrow Point

State

WA

Zip Code

98004-1326

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2024

**Transaction ID : 28343395**

Amount of Each Receipt this Period

20000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►

190000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024

Transaction ID : 28343395E

Amount of Each Receipt this Period

20000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chapple, Erin, , ,**Mailing Address 1212 39th Ave E  
WA98112City  
SeattleState  
WAZip Code  
98112-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Microsoft

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2024

Transaction ID : 28343406

Amount of Each Receipt this Period

3000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024

Transaction ID : 28343406E

Amount of Each Receipt this Period

3000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 192

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gordon-Levitt, Joseph, , ,**Mailing Address 11150 Santa Monica Blvd  
Ste 600City  
Los AngelesState  
CAZip Code  
90025-0479FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
The Rabid Dragon, Inc.Occupation (for Individual)  
Actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2024

**Transaction ID : 28148706**

Amount of Each Receipt this Period

10000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2024

**Transaction ID : 28148706E**

Amount of Each Receipt this Period

10000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Carolyn, , ,**

Mailing Address 610 S B St

City  
Mount ShastaState  
CAZip Code  
96067-2706FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2024

**Transaction ID : 28487236**

Amount of Each Receipt this Period

100.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2024**Transaction ID : 28487236E**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. National Air Traffic Controllers Association PAC**

Mailing Address 1325 Massachusetts Ave NW

City  
WashingtonState  
DCZip Code  
20005-4171FEC ID number of contributing  
federal political committee.**C** C00238725

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2024**Transaction ID : 28391746**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moskovitz, Dustin, A. ,**

Mailing Address PO Box 26718

City  
San FranciscoState  
CAZip Code  
94126-6718FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
AsanaOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2024**Transaction ID : 28213876**

Amount of Each Receipt this Period

10000000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

10100000.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barden, Thomas, , ,**

Mailing Address 3421 E Mercer St

City  
SeattleState  
WAZip Code  
98112-4341FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2024**Transaction ID : 28343386**

Amount of Each Receipt this Period

10000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343386E**

Amount of Each Receipt this Period

10000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mi Familia Decide PAC**

Mailing Address 815 Black Lives Matter Plz NW

4

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.**C** C00882019

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2024**Transaction ID : 28183086**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Swartwout, Neil, , ,**

Mailing Address PO Box 711

City  
RaymondState  
WAZip Code  
98577-0711FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
StarbucksOccupation (for Individual)  
Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024

Transaction ID : 28343396

Amount of Each Receipt this Period

1000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024

Transaction ID : 28343396E

Amount of Each Receipt this Period

1000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Andersen, Sandra, , ,**

Mailing Address 4366 Palatine Ave N

City  
SeattleState  
WAZip Code  
98103-7029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Old Republic TitleOccupation (for Individual)  
Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2024

Transaction ID : 28343407

Amount of Each Receipt this Period

300.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343407E**

Amount of Each Receipt this Period

300.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Future Forward USA Action**Mailing Address 611 Pennsylvania Ave SE  
Num 143City  
WashingtonState  
DCZip Code  
20003-4303FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256396760.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2024**Transaction ID : 28728317**

Amount of Each Receipt this Period

1855592.15

☐ Memo Item

Non-Contribution Account In-Kind: Staff Time and Overhead

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gates, Rory, John, ,**

Mailing Address 15120 NE 92nd St

City  
RedmondState  
WAZip Code  
98052-3519FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Afghanistan War CommissionOccupation (for Individual)  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2024**Transaction ID : 28130017**

Amount of Each Receipt this Period

3000000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

4855592.15

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Waterfront Strategies**Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1556422.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2024

**Transaction ID : 28688527**

Amount of Each Receipt this Period

1556422.77

☐ Memo Item

Non-Contribution Account: Media Refund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SWING LEFT**Mailing Address 611 Pennsylvania Ave SE  
# 192City  
WashingtonState  
DCZip Code  
20003-4303FEC ID number of contributing  
federal political committee.**C** C00632133

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2024

**Transaction ID : 28688557**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pohlad, William, , ,**

Mailing Address 2520 W Lake Of The Isles Pkwy

City  
MinneapolisState  
MNZip Code  
55405-2332FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
River Road EntertainmentOccupation (for Individual)  
Filmmaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2024

**Transaction ID : 28240577**

Amount of Each Receipt this Period

125000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1691422.77

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 192

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Women Vote**Mailing Address 1800 M St NW  
Ste 375NCity  
WashingtonState  
DCZip Code  
20036-5862FEC ID number of contributing  
federal political committee.**C**

C00473918

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024**Transaction ID : 28688577**

Amount of Each Receipt this Period

30000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Scott, Jonathan, , ,**Mailing Address 2708 Wilshire Blvd  
Ste 477City  
Santa MonicaState  
CAZip Code  
90403-4706FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Scott Brothers GlobalOccupation (for Individual)  
Television Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2024**Transaction ID : 28343387**

Amount of Each Receipt this Period

500.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C**

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343387E**

Amount of Each Receipt this Period

500.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.**SUBTOTAL** of Receipts This Page (optional)..... ►

30500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NEA Advocacy Fund**

Mailing Address 1201 16th St NW

City  
WashingtonState  
DCZip Code  
20036-3201FEC ID number of contributing  
federal political committee.**C**

C00489815

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

1950000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2024

**Transaction ID : 28273097**

Amount of Each Receipt this Period

200000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moskovitz, Dustin, A, ,**

Mailing Address PO Box 26718

City

San Francisco

State  
CAZip Code  
94126-6718FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Asana

Occupation (for Individual)

CEO

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

50000000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2024

**Transaction ID : 28167838**

Amount of Each Receipt this Period

2000000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SEIU COPE (Services Employees International Union Committee on Political Education)**

Mailing Address 1800 Massachusetts Ave NW

City

Washington

State  
DCZip Code  
20036-1806FEC ID number of contributing  
federal political committee.**C**

C00004036

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

3500000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2024

**Transaction ID : 28688538**

Amount of Each Receipt this Period

2500000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

4700000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simon, Deborah, , ,**

Mailing Address 950 Laurelwood

City  
CarmelState  
INZip Code  
46032-8738FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2024**Transaction ID : 28185148**

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vote Save America**Mailing Address 611 Pennsylvania Ave SE  
Ste 143City  
WashingtonState  
DCZip Code  
20003-4303FEC ID number of contributing  
federal political committee.**C** C00835587

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2024**Transaction ID : 28262978**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hedreen, Jane, , ,**

Mailing Address 1051 Summit Ave E

City  
SeattleState  
WAZip Code  
98102-4432FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Jane Hedreen

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2024**Transaction ID : 28208088**

Amount of Each Receipt this Period

1000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

516000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2024**Transaction ID : 28208088E**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nordhoff, Grace, Ann, ,**

Mailing Address 1326 5th Ave

City  
SeattleState  
WAZip Code  
98101-2650FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2024**Transaction ID : 28268188**

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harris, Rob, , ,**

Mailing Address 1640 72nd Ave SE

City  
Mercer IslandState  
WAZip Code  
98040-2108FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2024**Transaction ID : 28343398**

Amount of Each Receipt this Period

15000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343398E**

Amount of Each Receipt this Period

15000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Poler, Dwight, , ,**Mailing Address 31 Saint James Ave  
Ste 740City  
BostonState  
MAZip Code  
02116-4186FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Bain Capital LLC

Occupation (for Individual)  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024**Transaction ID : 28213898**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Koppel, Tracy, Forgie, ,**

Mailing Address PO Box 15082

City  
ChicagoState  
ILZip Code  
60615-5138FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)  
Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2024**Transaction ID : 28411398**

Amount of Each Receipt this Period

100.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2024**Transaction ID : 28411398E**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kemp, J., Hovey, ,**

Mailing Address 146 15th Ave

City  
San FranciscoState  
CAZip Code  
94118-1011FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2024**Transaction ID : 28109539**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Republican Accountability PAC**Mailing Address 1100 Vermont Ave NW  
FI 10City  
WashingtonState  
DCZip Code  
20005-6327FEC ID number of contributing  
federal political committee.**C** C00804856

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2024**Transaction ID : 28187159**

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Non-Contribution Account

**SUBTOTAL** of Receipts This Page (optional)..... ►

30000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Democrats United**Mailing Address 611 Pennsylvania Ave SE  
Num 143City  
WashingtonState  
DCZip Code  
20003-4303FEC ID number of contributing  
federal political committee.**C** C00819631

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2024**Transaction ID : 28688569**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Future Forward USA Action**Mailing Address 611 Pennsylvania Ave SE  
Num 143City  
WashingtonState  
DCZip Code  
20003-4303FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256396760.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2024**Transaction ID : 28688479**

Amount of Each Receipt this Period

1500000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blau, Cathy, , ,**

Mailing Address 180 W End Ave

City  
New YorkState  
NYZip Code  
10023-4902FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Corcoran Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2024**Transaction ID : 28343389**

Amount of Each Receipt this Period

25.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►

1550025.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2024

Transaction ID : 28343389E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Padgett, Katherine, , ,**

Mailing Address 7217 8th St NW

City  
WashingtonState  
DCZip Code  
20012-1807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Akin Gump Strauss Hauer & FeldOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2024

Transaction ID : 28208089

Amount of Each Receipt this Period

500.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2024

Transaction ID : 28208089E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hanulec, Jamie, , ,**

Mailing Address 3217 E Spring St

City  
SeattleState  
WAZip Code  
98122-5152FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Cascade Asset Management Co.Occupation (for Individual)  
Equity Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2024**Transaction ID : 28343399**

Amount of Each Receipt this Period

5000.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2024**Transaction ID : 28343399E**

Amount of Each Receipt this Period

5000.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sabet, Lori, , ,**

Mailing Address 326 Highland Dr

City

Seattle

State

WA

Zip Code

98109-3222

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
XXOccupation (for Individual)  
Hr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2024**Transaction ID : 28411399**

Amount of Each Receipt this Period

2500.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 192  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.**C**

C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2024

**Transaction ID : 28411399E**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EARN International Union of Operating Engineers**

Mailing Address 1125 17th St NW

City  
WashingtonState  
DCZip Code  
20036-4709FEC ID number of contributing  
federal political committee.**C**

C00624817

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2024

**Transaction ID : 28129999**

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

250000.00

**TOTAL** This Period (last page this line number only).....▶

163547491.96

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 192

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	0			2	0	2	4		

FEC Identification Number

C

Transaction ID : 500195672

Amount of Each Disbursement this Period

0	.	4	0
---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : 500195673

Amount of Each Disbursement this Period

0	.	2	0
---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : 500195804

Amount of Each Disbursement this Period

1	.	9	8
---	---	---	---

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2	.	5	8
---	---	---	---

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	7		2	0	2	4		

FEC Identification Number

C

Transaction ID : 500199424

Amount of Each Disbursement this Period

4.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4.35

6.93



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FF PAC**

Full Name (Last, First, Middle Initial)

**A. RG Strategies LLC**

Mailing Address 2020 Creekside Rd

City  
Santa BarbaraState  
CAZip Code  
93108-2273

Purpose of Disbursement

Non-Contribution Account: Polling and Surveys

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	2			2	0	2	4	

FEC Identification Number

**C****Transaction ID : 500199500**

Amount of Each Disbursement this Period

62400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Progressive Victory PAC**

Mailing Address PO Box 40411

City  
ArlingtonState  
VAZip Code  
22204-7411

Purpose of Disbursement

Non-Contribution Account: Live Stream Event

Candidate Name

Progressive Victory PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	2			2	0	2	4	

FEC Identification Number

**C** C00821348**Transaction ID : 500200410**

Amount of Each Disbursement this Period

850000.00

\* In-Kind Contribution Made

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Van Ness Creative Strategies**Mailing Address 1 Huntington Quad  
Ste 3N05City  
MelvilleState  
NYZip Code  
11747-4468

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	8			2	0	2	4	

FEC Identification Number

**C****Transaction ID : 500199910**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

66400.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2024			

FEC Identification Number

C

Transaction ID : 500196320

Amount of Each Disbursement this Period

233.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lewis, Melony, , ,**

Mailing Address 100 E Francis St

City  
AspenState  
COZip Code  
81611-1403

Purpose of Disbursement

Non-Contribution Account; In-Kind: Catering, Food and Beverage

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2024			

FEC Identification Number

C

Transaction ID : 500200330

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Alignco LLC**

Mailing Address 3907 Northampton St NW

City  
WashingtonState  
DCZip Code  
20015-2950

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199930

Amount of Each Disbursement this Period

50128.11

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

52361.29

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Ghost Note Media**

Mailing Address 2490 Market St NE

City  
WashingtonState  
DCZip Code  
20018-3851

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2024			

FEC Identification Number

C

Transaction ID : 500199440

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Thematic Campaigns**Mailing Address 111 W Illinois St  
FI 5City  
ChicagoState  
ILZip Code  
60654-4505

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2024			

FEC Identification Number

C

Transaction ID : 500199940

Amount of Each Disbursement this Period

9484.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2024			

FEC Identification Number

C

Transaction ID : 500195670

Amount of Each Disbursement this Period

11.85

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

59496.05

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. One APIA PAC**Mailing Address 6675 S Tenaya Way  
Ste 200City  
Las VegasState  
NVZip Code  
89113-1932

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

One APIA PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2024			

FEC Identification Number

C C00761072

Transaction ID : 500200421

Amount of Each Disbursement this Period

32687.50

☒ Memo Item \* In-Kind Contribution Made

Full Name (Last, First, Middle Initial)

**B. Cardenas Strategy Group**

Mailing Address 451 Prospect Cir

City  
South PasadenaState  
CAZip Code  
91030-1749

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2024			

FEC Identification Number

C

Transaction ID : 500199931

Amount of Each Disbursement this Period

75000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LeAdvisory Partners LLC**Mailing Address 871 N La Salle Dr  
Unit 3City  
ChicagoState  
ILZip Code  
60610-3256

Purpose of Disbursement

Non-Contribution Account: Fundraising Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2024			

FEC Identification Number

C

Transaction ID : 500199441

Amount of Each Disbursement this Period

6250.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

81250.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Breakthrough Campaigns**Mailing Address 501 Santa Monica Blvd  
Ste 600City  
Santa MonicaState  
CAZip Code  
90401-2485

Purpose of Disbursement

Non-Contribution Account: Polling and Surveys

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500197741

Amount of Each Disbursement this Period

49000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Murphy Glen LLC**

Mailing Address 640 Q St NW

City  
WashingtonState  
DCZip Code  
20001-3405

Purpose of Disbursement

Non-Contribution Account: Fundraising Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2024			

FEC Identification Number

C

Transaction ID : 500197781

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Conexion Political LLC**

Mailing Address 209 Peninsula Dr

City  
MonetaState  
VAZip Code  
24121-2120

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2024			

FEC Identification Number

C

Transaction ID : 500199891

Amount of Each Disbursement this Period

62000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

121000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2024			

FEC Identification Number

C

Transaction ID : 500199422

Amount of Each Disbursement this Period

1446.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1825 K St NW

City  
WashingtonState  
DCZip Code  
20006-1202

Purpose of Disbursement

Non-Contribution Account: Bank Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C

Transaction ID : 500199432

Amount of Each Disbursement this Period

1170.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cardenas Strategy Group**

Mailing Address 451 Prospect Cir

City  
South PasadenaState  
CAZip Code  
91030-1749

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199932

Amount of Each Disbursement this Period

71000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

73616.78

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Murphy Glen LLC**

Mailing Address 640 Q St NW

City  
WashingtonState  
DCZip Code  
20001-3405

Purpose of Disbursement

Non-Contribution Account: Fundraising Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2024			

FEC Identification Number

C

Transaction ID : 500199442

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Waterwalk Entertainment**Mailing Address 1299 Ocean Ave  
Ste 333City  
Santa MonicaState  
CAZip Code  
90401-1057

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2024			

FEC Identification Number

C

Transaction ID : 500199942

Amount of Each Disbursement this Period

49600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Breakthrough Campaigns**Mailing Address 501 Santa Monica Blvd  
Ste 600City  
Santa MonicaState  
CAZip Code  
90401-2485

Purpose of Disbursement

Non-Contribution Account: Polling and Surveys

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500197742

Amount of Each Disbursement this Period

48000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

107600.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2024			

FEC Identification Number

C

Transaction ID : 500195662

Amount of Each Disbursement this Period

1198.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. New Deal Strategies LLC**Mailing Address 16 Court St  
FI 34City  
BrooklynState  
NYZip Code  
11241-1013

Purpose of Disbursement

Non-Contribution Account: Political Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500197782

Amount of Each Disbursement this Period

27463.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gambit Strategies LLC**Mailing Address 2939 Van Ness St NW  
Apt 1006City  
WashingtonState  
DCZip Code  
20008-4605

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C

Transaction ID : 500199892

Amount of Each Disbursement this Period

104262.26

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

132924.27

TOTAL This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. PFB Media, LLC**Mailing Address 505 Court St  
Apt 1HCity  
BrooklynState  
NYZip Code  
11231-3947

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199903

Amount of Each Disbursement this Period

379950.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2024			

FEC Identification Number

C

Transaction ID : 500199423

Amount of Each Disbursement this Period

12.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1825 K St NW

City  
WashingtonState  
DCZip Code  
20006-1202

Purpose of Disbursement

Non-Contribution Account: Bank Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C

Transaction ID : 500199433

Amount of Each Disbursement this Period

45.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

380008.13

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Grunwald Communications**

Mailing Address 1306 30th St NW

City  
WashingtonState  
DCZip Code  
20007-3343

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	2	4

FEC Identification Number

C

Transaction ID : 500199933

Amount of Each Disbursement this Period

48517.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Breakthrough Campaigns**Mailing Address 501 Santa Monica Blvd  
Ste 600City  
Santa MonicaState  
CAZip Code  
90401-2485

Purpose of Disbursement

Non-Contribution Account: Polling and Surveys

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	2	4

FEC Identification Number

C

Transaction ID : 500197743

Amount of Each Disbursement this Period

62400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	2	4

FEC Identification Number

C

Transaction ID : 500195663

Amount of Each Disbursement this Period

5509.09

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

116426.58

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. RG Strategies LLC**

Mailing Address 2020 Creekside Rd

City  
Santa BarbaraState  
CAZip Code  
93108-2273

Purpose of Disbursement

Non-Contribution Account: Polling and Surveys

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500197783

Amount of Each Disbursement this Period

133800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GCJ Research**

Mailing Address 3458 Kenneth Dr

City  
Palo AltoState  
CAZip Code  
94303-4218

Purpose of Disbursement

Non-Contribution Account: Media Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2024			

FEC Identification Number

C

Transaction ID : 500199893

Amount of Each Disbursement this Period

2568500.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. 50+1 Strategies**

Mailing Address PO Box 358

City  
San FranciscoState  
CAZip Code  
94104-0358

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2024			

FEC Identification Number

C

Transaction ID : 500199493

Amount of Each Disbursement this Period

144587.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2846887.78
------------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. PFB Media, LLC**Mailing Address 505 Court St  
Apt 1HCity  
BrooklynState  
NYZip Code  
11231-3947

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : 500199904

Amount of Each Disbursement this Period

116155.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kenny Mayne Advertising LLC**Mailing Address 11130 NE 33rd Pl  
Ste 102City  
BellevueState  
WAZip Code  
98004-1466

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : 500199934

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Breakthrough Campaigns**Mailing Address 501 Santa Monica Blvd  
Ste 600City  
Santa MonicaState  
CAZip Code  
90401-2485

Purpose of Disbursement

Non-Contribution Account: Polling and Surveys

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : 500197744

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

191155.14

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. SKDKnickerbocker**Mailing Address 1150 18th St NW  
Ste 800City  
WashingtonState  
DCZip Code  
20036-3845

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199944

Amount of Each Disbursement this Period

526886.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2024			

FEC Identification Number

C

Transaction ID : 500195664

Amount of Each Disbursement this Period

3068.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. United Strategies LLC**Mailing Address 555 Park St  
Ste 317City  
Saint PaulState  
MNZip Code  
55103-4403

Purpose of Disbursement

Non-Contribution Account: Fundraising Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500197784

Amount of Each Disbursement this Period

11875.01

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

541829.62

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Maryonovich, Jillian, Michael, ,**Mailing Address 440 15th St  
Apt 1RFCity  
BrooklynState  
NYZip Code  
11215-5786

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : 500199894

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Experiments, LLC**

Mailing Address 25550 SW 152nd Ave

City  
HomesteadState  
FLZip Code  
33032-5216

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	9			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : 500199494

Amount of Each Disbursement this Period

20367.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Future Forward USA Action**Mailing Address 611 Pennsylvania Ave SE  
Num 143City  
WashingtonState  
DCZip Code  
20003-4303

Purpose of Disbursement

Non-Contribution Account In-Kind: Staff Time and Overhead

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	4		

FEC Identification Number

**C**

Transaction ID : 500200005

Amount of Each Disbursement this Period

185592.15

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1883459.83

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Putnam Partners**Mailing Address 1100 Vermont Ave NW  
Ste 1200City  
WashingtonState  
DCZip Code  
20005-6334

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2024			

FEC Identification Number

C

Transaction ID : 500199905

Amount of Each Disbursement this Period

3388.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2024			

FEC Identification Number

C

Transaction ID : 500199425

Amount of Each Disbursement this Period

4089.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BSG Partners, LLC**

Mailing Address 175 Greenwich St 3 World Trade Ctr

City  
New YorkState  
NYZip Code  
10007

Purpose of Disbursement

Non-Contribution Account: Polling and Surveys

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2024			

FEC Identification Number

C

Transaction ID : 500199435

Amount of Each Disbursement this Period

62250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

69727.04

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Ralston Lapp Media LLC**Mailing Address 1054 31st St NW  
Ste 430City  
WashingtonState  
DCZip Code  
20007-6042

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2024			

FEC Identification Number

C

Transaction ID : 500199935

Amount of Each Disbursement this Period

47200.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. David Binder Research**Mailing Address 44 Page St  
Ste 404City  
San FranciscoState  
CAZip Code  
94102-5975

Purpose of Disbursement

Non-Contribution Account: Polling and Surveys

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500197745

Amount of Each Disbursement this Period

150000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C

Transaction ID : 500196575

Amount of Each Disbursement this Period

3.95

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

197204.22



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Apollo Messaging Team LLC**

Mailing Address 7198 Neills Branch Dr

City  
College GroveState  
TNZip Code  
37046-1491

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2024			

FEC Identification Number

C

Transaction ID : 500199495

Amount of Each Disbursement this Period

30000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Left Hook Strategy**Mailing Address 2601 Ocean Park Blvd  
Ste 324City  
Santa MonicaState  
CAZip Code  
90405-5297

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2024			

FEC Identification Number

C

Transaction ID : 500199895

Amount of Each Disbursement this Period

46000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Putnam Partners**Mailing Address 1100 Vermont Ave NW  
Ste 1200City  
WashingtonState  
DCZip Code  
20005-6334

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199906

Amount of Each Disbursement this Period

42255.81

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

118255.81

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C

Transaction ID : 500197616

Amount of Each Disbursement this Period

0.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BSP Research**

Mailing Address 5803 Lubao Ave

City  
Woodland HillsState  
CAZip Code  
91367-5610

Purpose of Disbursement

Non-Contribution Account: Polling and Surveys

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2024			

FEC Identification Number

C

Transaction ID : 500199436

Amount of Each Disbursement this Period

51000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ralston Lapp Media LLC**Mailing Address 1054 31st St NW  
Ste 430City  
WashingtonState  
DCZip Code  
20007-6042

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199936

Amount of Each Disbursement this Period

100331.14

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

151331.82

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. NGP VAN, Inc.**

Mailing Address PO Box 392264

City  
PittsburghState  
PAZip Code  
15251-9264

Purpose of Disbursement

Non-Contribution Account: Software

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	2	4

FEC Identification Number

C

Transaction ID : 500197746

Amount of Each Disbursement this Period

364.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Three Point Media**Mailing Address 290 Broadway  
Ste 210City  
MethuenState  
MAZip Code  
01844-6827

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	2	4

FEC Identification Number

C

Transaction ID : 500199946

Amount of Each Disbursement this Period

191111.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Give Wise**

Mailing Address 410 Soda Creek Rd

City  
Idaho SpringsState  
COZip Code  
80452-9502

Purpose of Disbursement

Non-Contribution Account: Fundraising Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	2	4

FEC Identification Number

C

Transaction ID : 500197786

Amount of Each Disbursement this Period

6250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

197725.85

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2024			

FEC Identification Number

C

Transaction ID : 500195786

Amount of Each Disbursement this Period

6.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MVAR Media LLC**Mailing Address 1421 Prince St  
Ste 320City  
AlexandriaState  
VAZip Code  
22314-2805

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199896

Amount of Each Disbursement this Period

196585.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rising Tide Interactive**

Mailing Address 529 14th St NW

City  
WashingtonState  
DCZip Code  
20045-1000

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199907

Amount of Each Disbursement this Period

23412.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

220004.86

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Bully Pulpit Interactive**Mailing Address 1445 New York Ave NW  
FI 5City  
WashingtonState  
DCZip Code  
20005-2267

Purpose of Disbursement

Non-Contribution Account: Media Buy and Ad Servicing

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2024			

FEC Identification Number

C

Transaction ID : 500199927

Amount of Each Disbursement this Period

521558.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CVC Group, Inc.**Mailing Address 11 E 44th St  
FI 3City  
New YorkState  
NYZip Code  
10017-3608

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199437

Amount of Each Disbursement this Period

62028.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Technicolor Political**

Mailing Address 11013 S Longwood Dr

City  
ChicagoState  
ILZip Code  
60643-4011

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199937

Amount of Each Disbursement this Period

21608.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

605194.52

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Waterfront Strategies**Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Purpose of Disbursement

Non-Contribution Account: Media Buy and Ad Servicing

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	2	4

FEC Identification Number

C

Transaction ID : 500199947

Amount of Each Disbursement this Period

6653.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LeAdvisory Partners LLC**Mailing Address 871 N La Salle Dr  
Unit 3City  
ChicagoState  
ILZip Code  
60610-3256

Purpose of Disbursement

Non-Contribution Account: Fundraising Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	1		2	0	2	4

FEC Identification Number

C

Transaction ID : 500197787

Amount of Each Disbursement this Period

6295.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Comcast Cable Communications Management LLC**

Mailing Address 13431 Collection Center Dr

City  
ChicagoState  
ILZip Code  
60693-0001

Purpose of Disbursement

Non-Contribution Account: Ad Shipping

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	2	4

FEC Identification Number

C

Transaction ID : 500199497

Amount of Each Disbursement this Period

1580.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

14528.90

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. MVAR Media LLC**Mailing Address 1421 Prince St  
Ste 320City  
AlexandriaState  
VAZip Code  
22314-2805

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2024			

FEC Identification Number

C

Transaction ID : 500199897

Amount of Each Disbursement this Period

104282.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Solidarity Strategies**

Mailing Address PO Box 15260

City  
WashingtonState  
DCZip Code  
20003-0260

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2024			

FEC Identification Number

C

Transaction ID : 500199908

Amount of Each Disbursement this Period

52540.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Playhouse LLC**

Mailing Address 2401 Pennsylvania Ave NW

City  
WashingtonState  
DCZip Code  
20037-1730

Purpose of Disbursement

Non-Contribution Account: Strategic Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2024			

FEC Identification Number

C

Transaction ID : 500196318

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

171822.53

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Voters of These 50 States of America**Mailing Address 2261 Market St  
Ste 86049City  
San FranciscoState  
CAZip Code  
94114-1612

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Voters of These 50 States of America

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2024			

FEC Identification Number

**C** C00885947**Transaction ID : 500200418**

Amount of Each Disbursement this Period

3679.10

☒ Memo Item \* In-Kind Contribution Made

Full Name (Last, First, Middle Initial)

**B. Harris, Angelique, , ,**

Mailing Address 7209 Flower Tuft Ct

City  
SpringfieldState  
VAZip Code  
22153-1508

Purpose of Disbursement

Non-Contribution Account: Fundraising Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2024			

FEC Identification Number

**C****Transaction ID : 500193918**

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GBAO**

Mailing Address 1701 K St NW

City  
WashingtonState  
DCZip Code  
20006-1503

Purpose of Disbursement

Non-Contribution Account: Polling and Surveys

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2024			

FEC Identification Number

**C****Transaction ID : 500199438**

Amount of Each Disbursement this Period

150070.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

162570.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. Wavelength Strategy**Mailing Address 712 H St NE  
Unit 526City  
WashingtonState  
DCZip Code  
20002-3627

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199938

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. C Plus K LLC**Mailing Address 1640 Rhode Island Ave NW  
Ste 600City  
WashingtonState  
DCZip Code  
20036-3229

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2024			

FEC Identification Number

C

Transaction ID : 500199948

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2024			

FEC Identification Number

C

Transaction ID : 500195668

Amount of Each Disbursement this Period

0.99

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13500.99

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2024			

FEC Identification Number

C

Transaction ID : 500195788

Amount of Each Disbursement this Period

7.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Operativo, LLC**Mailing Address 254 Chapman Rd  
Ste # 208City  
NewarkState  
DEZip Code  
19702-5422

Purpose of Disbursement

Non-Contribution Account: Consulting Services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2024			

FEC Identification Number

C

Transaction ID : 500199498

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Pacific Campaign House**Mailing Address 401 Harrison St  
Apt 17GCity  
San FranciscoState  
CAZip Code  
94105-2790

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2024			

FEC Identification Number

C

Transaction ID : 500199898

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

115007.90

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. The Hooligans Agency**

Mailing Address 5600 Namakagan Rd

City  
BethesdaState  
MDZip Code  
20816-1925

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199909

Amount of Each Disbursement this Period

89748.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KLP Consulting LLC**

Mailing Address 1840 California St NW

City  
WashingtonState  
DCZip Code  
20009-1822

Purpose of Disbursement

Non-Contribution Account: Strategic Consulting Services

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2024			

FEC Identification Number

C

Transaction ID : 500193919

Amount of Each Disbursement this Period

15584.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ABC Multicultural Studios LLC**Mailing Address 251 Park Ave S  
FI 8City  
New YorkState  
NYZip Code  
10010-7302

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199929

Amount of Each Disbursement this Period

167000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

272332.61

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. GBAO**

Mailing Address 1701 K St NW

City  
WashingtonState  
DCZip Code  
20006-1503

Purpose of Disbursement

Non-Contribution Account: Travel

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2024			

FEC Identification Number

C

Transaction ID : 500199439

Amount of Each Disbursement this Period

9277.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Intersection Agency LLC**Mailing Address 9840 Willows Rd NE  
Ste 200City  
RedmondState  
WAZip Code  
98052-1010

Purpose of Disbursement

Non-Contribution Account: Ad Production

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C

Transaction ID : 500199939

Amount of Each Disbursement this Period

40000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Open Labs LLC**Mailing Address 1800 M St NW  
# 33127City  
WashingtonState  
DCZip Code  
20036-5802

Purpose of Disbursement

Non-Contribution Account: Research and Survey Consulting

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2024			

FEC Identification Number

C

Transaction ID : 500199949

Amount of Each Disbursement this Period

747487.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

796764.66

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FF PAC

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132

Purpose of Disbursement

Non-Contribution Account: Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2024			

FEC Identification Number

C

Transaction ID : 500195669

Amount of Each Disbursement this Period

988.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RG Strategies LLC**

Mailing Address 2020 Creekside Rd

City  
Santa BarbaraState  
CAZip Code  
93108-2273

Purpose of Disbursement

Non-Contribution Account: Polling and Surveys

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2024			

FEC Identification Number

C

Transaction ID : 500199499

Amount of Each Disbursement this Period

107000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

107988.49

9868375.67

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 86 OF 192

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Comcast Cable Communications Management LLC**

Nature of Debt (Purpose):

Ad Shipping (Estimate)

Mailing Address 13431 Collection Center Dr

City  
ChicagoState  
ILZip Code  
60693-0001

Outstanding Balance Beginning This Period

3050.00

**Transaction ID : 1250001520**

Amount Incurred This Period

0.00

Payment This Period

3050.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250001620**

Amount Incurred This Period

1104240.77

Payment This Period

0.00

Outstanding Balance at Close of This Period

1104240.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250001630**

Amount Incurred This Period

1500000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2604240.77

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 87 OF 192

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

1511115.04

**Transaction ID : 1250001530**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1511115.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

464058.00

**Transaction ID : 1250001540**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

464058.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Comcast Cable Communications Management LLC**

Nature of Debt (Purpose):

Ad Shipping (Estimate)

Mailing Address 13431 Collection Center Dr

City  
ChicagoState  
ILZip Code  
60693-0001

Outstanding Balance Beginning This Period

3215.00

**Transaction ID : 1250001521**

Amount Incurred This Period

0.00

Payment This Period

3215.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1975173.04

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001621

Amount Incurred This Period

1104240.77

Payment This Period

0.00

Outstanding Balance at Close of This Period

1104240.77

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001631

Amount Incurred This Period

999925.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

999925.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

1428657.48

Transaction ID : 1250001531

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1428657.48

1) **SUBTOTALS** This Period This Page (optional)..... ►

3532823.25

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

304038.16

Transaction ID : 1250001541

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

304038.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Maryonovich, Jillian, Michael, ,**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address 440 15th St  
Apt 1RFCity  
BrooklynState  
NYZip Code  
11215-5786

Outstanding Balance Beginning This Period

2000.00

Transaction ID : 1250001512

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Bully Pulpit Interactive**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 1445 New York Ave NW  
FI 5City  
WashingtonState  
DCZip Code  
20005-2267

Outstanding Balance Beginning This Period

11319311.00

Transaction ID : 1250001522

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11319311.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

11623349.16

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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☒ 10

NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250001622**

Amount Incurred This Period

551846.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

551846.38

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250001632**

Amount Incurred This Period

300000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

1426264.00

**Transaction ID : 1250001532**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1426264.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2278110.38

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

20000.00

Transaction ID : 1250001542

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Van Ness Creative Strategies**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address 1 Huntington Quad  
Ste 3N05City  
MelvilleState  
NYZip Code  
11747-4468

Outstanding Balance Beginning This Period

30000.00

Transaction ID : 1250001513

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

30000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**American Experiments, LLC**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address 25550 SW 152nd Ave

City  
HomesteadState  
FLZip Code  
33032-5216

Outstanding Balance Beginning This Period

20000.00

Transaction ID : 1250001523

Amount Incurred This Period

0.00

Payment This Period

20000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

50000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001623

Amount Incurred This Period

394612.27

Payment This Period

0.00

Outstanding Balance at Close of This Period

394612.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

1333518.00

Transaction ID : 1250001533

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1333518.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

27227.30

Transaction ID : 1250001543

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27227.30

1) **SUBTOTALS** This Period This Page (optional)..... ►

1755357.57

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Van Ness Creative Strategies**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address 1 Huntington Quad  
Ste 3N05City  
MelvilleState  
NYZip Code  
11747-4468

Outstanding Balance Beginning This Period

30000.00

Transaction ID : 1250001514

Amount Incurred This Period

0.00

Payment This Period

30000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**50+1 Strategies**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address PO Box 358

City  
San FranciscoState  
CAZip Code  
94104-0358

Outstanding Balance Beginning This Period

30000.00

Transaction ID : 1250001524

Amount Incurred This Period

0.00

Payment This Period

30000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001624

Amount Incurred This Period

353915.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

353915.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

353915.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

1262466.00

**Transaction ID : 1250001534**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1262466.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

818182.00

**Transaction ID : 1250001544**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

818182.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Maryonovich, Jillian, Michael, ,**

Nature of Debt (Purpose):

Ad Production

Mailing Address 440 15th St  
Apt 1RFCity  
BrooklynState  
NYZip Code  
11215-5786

Outstanding Balance Beginning This Period

1500.00

**Transaction ID : 1250001494**

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2080648.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

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NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Hooligans Agency**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address 5600 Namakagan Rd

City  
BethesdaState  
MDZip Code  
20816-1925

Outstanding Balance Beginning This Period

37000.00

Transaction ID : 1250001515

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

37000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**50+1 Strategies**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address PO Box 358

City  
San FranciscoState  
CAZip Code  
94104-0358

Outstanding Balance Beginning This Period

10000.00

Transaction ID : 1250001525

Amount Incurred This Period

0.00

Payment This Period

10000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001625

Amount Incurred This Period

319426.16

Payment This Period

0.00

Outstanding Balance at Close of This Period

319426.16

1) **SUBTOTALS** This Period This Page (optional)..... ►

356426.16

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

829583.33

Transaction ID : 1250001535

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

829583.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Hooligans Agency**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address 5600 Namakagan Rd

City  
BethesdaState  
MDZip Code  
20816-1925

Outstanding Balance Beginning This Period

37000.00

Transaction ID : 1250001516

Amount Incurred This Period

0.00

Payment This Period

74000.00

Outstanding Balance at Close of This Period

- 37000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Bully Pulpit Interactive**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 1445 New York Ave NW  
FI 5City  
WashingtonState  
DCZip Code  
20005-2267

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001616

Amount Incurred This Period

976328.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

976328.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1768911.33

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

4900663.00

Transaction ID : 1250001526

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4900663.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001626

Amount Incurred This Period

179446.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

179446.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

799728.50

Transaction ID : 1250001536

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

799728.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

5879837.62

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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☒ 10

NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Hooligans Agency**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address 5600 Namakagan Rd

City  
BethesdaState  
MDZip Code  
20816-1925

Outstanding Balance Beginning This Period

5000.00

**Transaction ID : 1250001517**

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250001617**

Amount Incurred This Period

1059408.17

Payment This Period

0.00

Outstanding Balance at Close of This Period

1059408.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

3154333.00

**Transaction ID : 1250001527**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3154333.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

4213741.17

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250001627**

Amount Incurred This Period

44041.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

44041.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

799728.50

**Transaction ID : 1250001537**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

799728.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Hooligans Agency**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address 5600 Namakagan Rd

City  
BethesdaState  
MDZip Code  
20816-1925

Outstanding Balance Beginning This Period

5000.00

**Transaction ID : 1250001518**

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

843770.33

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250001618**

Amount Incurred This Period

1133987.63

Payment This Period

0.00

Outstanding Balance at Close of This Period

1133987.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250001628**

Amount Incurred This Period

543000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

543000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

2228100.55

**Transaction ID : 1250001528**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2228100.55

1) **SUBTOTALS** This Period This Page (optional)..... ►

3905088.18

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 101 OF 192

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

748858.00

Transaction ID : 1250001538

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

748858.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Hooligans Agency**

Nature of Debt (Purpose):

Ad Production (Estimate)

Mailing Address 5600 Namakagan Rd

City  
BethesdaState  
MDZip Code  
20816-1925

Outstanding Balance Beginning This Period

5000.00

Transaction ID : 1250001519

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001619

Amount Incurred This Period

859965.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

859965.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1608823.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 102 OF 192

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**FF PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250001629**

Amount Incurred This Period

450000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

450000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

1556422.77

**Transaction ID : 1250001529**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1556422.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Waterfront Strategies**

Nature of Debt (Purpose):

Media Buy and Ad Servicing (Estimate)

Mailing Address 3050 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5161

Outstanding Balance Beginning This Period

467401.95

**Transaction ID : 1250001539**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

467401.95

1) **SUBTOTALS** This Period This Page (optional)..... ►

2473824.72

2) **TOTALS** This Period (last page this line number only)..... ►

47304039.68

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

47304039.68

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 103 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>					
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">23</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>		
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14471.00</div>		
City Washington		State DC	Zip Code 20005-2267		<b>Transaction ID : 500193900</b>
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">23</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">23</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>		
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26586.00</div>		
City Washington		State DC	Zip Code 20005-2267		<b>Transaction ID : 500194000</b>
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">23</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">41057.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">05</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 104 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Bully Pulpit Interactive			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address    1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3196.76</div>		
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500194310</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024		
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination * <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024		
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">44041.83</div>		
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500199920</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>		
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3196.76</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 105 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024		
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18226830.04</div>		
City Washington		State DC	Zip Code 20007-5161		<b>Transaction ID : 500193530</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024		
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6948233.79</div>		
City Washington		State DC	Zip Code 20007-5161		<b>Transaction ID : 500195230</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"><div>(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">25175063.83</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div>					
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 106 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">195962.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193540</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2631469.35</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195240</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2827431.35</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 107 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee SKDKnickerbocker <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    1150 18th St NW Ste 800			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20604.52</div>	
City Washington	State DC	Zip Code 20036-3845	<b>Transaction ID : 500193550</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee The Hooligans Agency <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 01 / 2024	
Mailing Address    5600 Namakagan Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37000.00</div>	
City Bethesda	State MD	Zip Code 20816-1925	<b>Transaction ID : 500189350</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Purpose of Expenditure Ad Production (Estimate)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">57604.52</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 108 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Full Name of Payee American Experiments, LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 08 / 2024	
Mailing Address 25550 SW 152nd Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div>	
City Homestead	State FL	Zip Code 33032-5216	<b>Transaction ID : 500190150</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024
Purpose of Expenditure Ad Production (Estimate)		Category/ Type	
Name of Federal Candidate: Harris, Kamala, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
501404300.22			
Full Name of Payee Rising Tide Interactive <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address 529 14th St NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1030.99</div>	
City Washington	State DC	Zip Code 20045-1000	<b>Transaction ID : 500195250</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024
Purpose of Expenditure Ad Production		Category/ Type	
Name of Federal Candidate: Harris, Kamala, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
501404300.22			
(a) SUBTOTAL of Itemized Independent Expenditures .....		21030.99	
(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  McLean, Chauncey, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 109 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024		
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">749270.32</div>		
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193560</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024		
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MVAR Media LLC			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024		
Mailing Address    1421 Prince St Ste 320			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">984.24</div>		
City Alexandria	State VA	Zip Code 22314-2805	<b>Transaction ID : 500195260</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024		
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">750254.56</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 110 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee The Hooligans Agency <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>22</div><div>2024</div></div>	
Mailing Address 5600 Namakagan Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22597.00</div>	
City Bethesda	State MD	Zip Code 20816-1925	<b>Transaction ID : 500193570</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>22</div><div>2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>31</div><div>2024</div></div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">968.46</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500195680</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>31</div><div>2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">23565.46</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>05</div><div>2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 111 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee The Hooligans Agency <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 5600 Namakagan Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	
City Bethesda	State MD	Zip Code 20816-1925	<b>Transaction ID : 500190390</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">17</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Ad Production (Estimate)			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">17</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1701771.05</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500191990</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">17</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">1706771.05</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">05</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 112 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Comcast Cable Communications Management LLC			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 28 / 2024		
Mailing Address    13431 Collection Center Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1455.00</div>		
City Chicago	State IL	Zip Code 60693-0001	<b>Transaction ID : 500194990</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 28 / 2024		
Purpose of Expenditure Ad Shipping		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee GCJ Research			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024		
Mailing Address    3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4500.00</div>		
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500194001</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024		
Purpose of Expenditure Media Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5955.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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Signature  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 113 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div><div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div><div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div></div>					
Full Name of Payee Bully Pulpit Interactive			<input type="checkbox"/> Memo Item		
Mailing Address 1445 New York Ave NW FI 5			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div><div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div><div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="width: 60%;"></div><div style="width: 40%; text-align: right;">2762.06</div></div>		
City Washington		State DC	Zip Code 20005-2267		
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
District: 00 State: 00					
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 3050 K St NW Ste 100			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div><div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div><div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="width: 60%;"></div><div style="width: 40%; text-align: right;">1059408.17</div></div>		
City Washington		State DC	Zip Code 20007-5161		
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
District: 00 State: 00					
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2024 <input type="checkbox"/> Other (specify) ▶		

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

2762.06

(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

McLean, Chauncey, , ,

Date

M M /

D D /

Y Y Y Y Y Y

12 05 2024

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 114 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00669259
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee Waterfront Strategies *	<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 30 / 2024
Mailing Address 3050 K St NW Ste 100		Amount <span style="border:1px solid black; padding:2px;">543000.00</span>
City Washington	State DC	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <span style="border:1px solid black; padding:2px;"></span>
Name of Federal Candidate: Harris, Kamala, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">501404300.22</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Waterfront Strategies	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 29 / 2024
Mailing Address 3050 K St NW Ste 100		Amount <span style="border:1px solid black; padding:2px;">6711863.72</span>
City Washington	State DC	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <span style="border:1px solid black; padding:2px;"></span>
Name of Federal Candidate: Harris, Kamala, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">501404300.22</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	6711863.72
(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.

McLean, Chauncey, , ,  
Signature

Date M M / D D / Y Y Y Y Y Y  
12 / 05 / 2024

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 115 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">428858.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193531</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6805478.79</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195231</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">7234336.79</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 116 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3117364.90</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193541</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30000.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193551</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Ad Production (Estimate)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3147364.90</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 117 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee MVAR Media LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address 1421 Prince St Ste 320			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Alexandria	State VA	Zip Code 22314-2805	<b>Transaction ID : 500195251</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1283403.13</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193561</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1283503.13</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 119 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Bully Pulpit Interactive <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 24 / 2024	
Mailing Address    1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26733.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500194271</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 24 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Bully Pulpit Interactive <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 31 / 2024	
Mailing Address    1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">953.32</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500195681</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 31 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">27686.32</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 120 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee The Hooligans Agency <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">10 / 10 / 2024</div>	
Mailing Address 5600 Namakagan Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5000.00</div>	
City Bethesda	State MD	Zip Code 20816-1925	<b>Transaction ID : 500190391</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">10 / 17 / 2024</div>	
Purpose of Expenditure Ad Production (Estimate)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">10 / 17 / 2024</div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">507306.80</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500191991</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">10 / 17 / 2024</div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">512306.80</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">12 / 05 / 2024</div>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 121 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>				
Full Name of Payee Comcast Cable Communications Management LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 13431 Collection Center Dr			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">60.00</div>	
City Chicago		State IL	Zip Code 60693-0001	
Purpose of Expenditure Ad Shipping			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Bully Pulpit Interactive			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">19874.00</div>	
City Washington		State DC	Zip Code 20005-2267	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">19934.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 122 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee GCJ Research <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Mailing Address 3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4333.00</div>	
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500194002</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Purpose of Expenditure Media Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4737.37</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500194312</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">9070.37</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 123 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee Waterfront Strategies *			<input checked="" type="checkbox"/> Memo Item      Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">10 / 29 / 2024</div>	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1133987.63</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500199912</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support      Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">10 / 30 / 2024</div>	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">450000.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500199922</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support      Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
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Signature <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">12 / 05 / 2024</div>	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 124 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee PFB Media, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address 505 Court St Apt 1H			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7206.18</div>	
City Brooklyn	State NY	Zip Code 11231-3947	<b>Transaction ID : 500195222</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30000.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193532</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Ad Production (Estimate)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">37206.18</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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Signature <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 125 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 29 / 2024</div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5901657.95</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195232</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 29 / 2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 22 / 2024</div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">2859122.82</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193542</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 22 / 2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">8760780.77</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>12 / 05 / 2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 126 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Van Ness Creative Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    1 Huntington Quad Ste 3N05			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7000.00</div>	
City Melville	State NY	Zip Code 11747-4468	<b>Transaction ID : 500193552</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195252</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">7000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 127 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>22</div><div>2024</div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1047094.05</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193562</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>22</div><div>2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Three Point Media <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>29</div><div>2024</div></div>	
Mailing Address 290 Broadway Ste 210			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2189.58</div>	
City Methuen	State MA	Zip Code 01844-6827	<b>Transaction ID : 500195262</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>29</div><div>2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1049283.63</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>12</div><div>05</div><div>2024</div></div>	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 128 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 22 2024</div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1636362.73</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193572</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 22 2024</div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 24 2024</div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40854.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500194272</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 24 2024</div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">1677216.73</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">12 05 2024</div>	



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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 129 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Bully Pulpit Interactive <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 31 / 2024	
Mailing Address    1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1511.89</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500195682</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 31 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Bully Pulpit Interactive <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Mailing Address    1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">62306.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500193892</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">63817.89</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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Signature <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 130 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2467903.33</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500191992</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee GCJ Research			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Mailing Address    3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500194003</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Purpose of Expenditure Media Consulting			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2472903.33</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

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NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2148470.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500194313</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee 50+1 Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 15 / 2024	
Mailing Address    PO Box 358			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>	
City San Francisco	State CA	Zip Code 94104-0358	<b>Transaction ID : 500191813</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Purpose of Expenditure Ad Production (Estimate)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2158470.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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Signature <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 132 OF 192  
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NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">859965.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500199913</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 31 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500000.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500199923</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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Signature <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 133 OF 192  
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NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Comcast Cable Communications Management LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>29</div><div>2024</div></div>	
Mailing Address 13431 Collection Center Dr			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">260.00</div>	
City Chicago	State IL	Zip Code 60693-0001	<b>Transaction ID : 500195223</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>29</div><div>2024</div></div>	
Purpose of Expenditure Ad Shipping			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>22</div><div>2024</div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9377243.63</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193533</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>22</div><div>2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">9377503.63</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>12</div><div>05</div><div>2024</div></div>	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 134 OF 192  
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NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee 50+1 Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    PO Box 358			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28000.00</div>	
City San Francisco	State CA	Zip Code 94104-0358	<b>Transaction ID : 500195233</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">261369.55</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193543</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">289369.55</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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Signature <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 135 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 29 / 2024</div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28145.50</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195243</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 29 / 2024</div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 22 / 2024</div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17861.13</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500193553</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 22 / 2024</div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">46006.63</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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Signature <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 05 / 2024</div>	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 136 OF 192  
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NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195253</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28145.50</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193563</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">28145.50</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>				
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.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <u>McLean, Chauncey, , ,</u></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024</div></div>				



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 137 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Three Point Media <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">29</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 290 Broadway Ste 210			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2189.58</div>	
City Methuen	State MA	Zip Code 01844-6827	<b>Transaction ID : 500195263</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">29</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee DL2Creative <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">22</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 3668 33rd Ave SW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	
City Seattle	State WA	Zip Code 98126-2332	<b>Transaction ID : 500193573</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">22</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">3189.58</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">05</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 138 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee GCJ Research <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 24 / 2024</div></div>	
Mailing Address 3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">833.00</div>	
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500194273</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 24 / 2024</div></div>	
Purpose of Expenditure Media Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 31 / 2024</div></div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1490.36</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500195683</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 31 / 2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">2323.36</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>12 / 05 / 2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 139 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>				
Full Name of Payee The Hooligans Agency <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>	
Mailing Address 5600 Namakagan Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>	
City Bethesda	State MD	Zip Code 20816-1925	Transaction ID : 500191983 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		2024		
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>	
City Washington	State DC	Zip Code 20007-5161	Transaction ID : 500191993 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		2024		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>1013614.33</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></div><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div></div></div></div>				
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 140 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Bully Pulpit Interactive <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Mailing Address    1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17364.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500193904</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee GCJ Research <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Mailing Address    3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div>	
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500194004</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Purpose of Expenditure Media Consulting			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">19364.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 141 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee Conexion Political LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 25 / 2024</div></div>	
Mailing Address 209 Peninsula Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8000.00</div>	
City Moneta	State VA	Zip Code 24121-2120	<b>Transaction ID : 500194314</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 25 / 2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>10 / 29 / 2024</div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1104240.77</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500199914</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div></div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">8000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div>12 / 05 / 2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 142 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Van Ness Creative Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 15 / 2024	
Mailing Address    1 Huntington Quad Ste 3N05			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30000.00</div>	
City Melville	State NY	Zip Code 11747-4468	<b>Transaction ID : 500191824</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Purpose of Expenditure Ad Production (Estimate)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1316233.81</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195224</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1346233.81</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 143 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>				
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">623572.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193534</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Three Point Media			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Mailing Address    290 Broadway Ste 210			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6621.26</div>	
City Methuen	State MA	Zip Code 01844-6827	<b>Transaction ID : 500193544</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Purpose of Expenditure Ad Production		Category/ Type		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">630193.26</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 144 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Rising Tide Interactive <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address 529 14th St NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6357.80</div>	
City Washington	State DC	Zip Code 20045-1000	<b>Transaction ID : 500195244</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee 50+1 Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address PO Box 358			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20550.00</div>	
City San Francisco	State CA	Zip Code 94104-0358	<b>Transaction ID : 500193554</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">26907.80</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	





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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 146 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">421196.96</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193564</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13387272.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500195264</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">13808468.96</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 147 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee GCJ Research <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2024</div>	
Mailing Address 3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500194274</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 24 / 2024</div>	
Purpose of Expenditure Media Consulting			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee The Hooligans Agency <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2024</div>	
Mailing Address 5600 Namakagan Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">42652.00</div>	
City Bethesda	State MD	Zip Code 20816-1925	<b>Transaction ID : 500191984</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2024</div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">67652.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 05 / 2024</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 148 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">23</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9511.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500193894</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">23</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee GCJ Research <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">23</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>	
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500194005</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">23</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Media Consulting			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">11511.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">05</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 149 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Bully Pulpit Interactive			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024	
Mailing Address    1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">53981.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500194315</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">795988.23</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195215</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">849969.23</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 150 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Waterfront Strategies *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024		
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">551846.38</div>		
City Washington		State DC	Zip Code 20007-5161		<b>Transaction ID : 500199915</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 11 / 02 / 2024		
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">999925.00</div>		
City Washington		State DC	Zip Code 20007-5161		<b>Transaction ID : 500199925</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>					
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
(c) <b>TOTAL</b> Independent Expenditures ..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
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_____ McLean, Chauncey, , , Signature			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 151 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee PFB Media, LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">29</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 505 Court St Apt 1H			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11266.88</div>	
City Brooklyn	State NY	Zip Code 11231-3947	<b>Transaction ID : 500195225</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">29</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">22</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2598280.21</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193535</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">22</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">2609547.09</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
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Signature <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">05</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 152 OF 192  
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NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1804798.97</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195235</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Three Point Media			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    290 Broadway Ste 210			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23827.32</div>	
City Methuen	State MA	Zip Code 01844-6827	<b>Transaction ID : 500193545</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1828626.29</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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Signature  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	



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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 153 OF 192  
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NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee MVAR Media LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address 1421 Prince St Ste 320			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3922.50</div>	
City Alexandria	State VA	Zip Code 22314-2805	<b>Transaction ID : 500195245</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee American Experiments, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address 25550 SW 152nd Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4000.00</div>	
City Homestead	State FL	Zip Code 33032-5216	<b>Transaction ID : 500193555</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">7922.50</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 154 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195255</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1351538.33</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193565</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1351538.33</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 155 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12209566.15</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195265</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Left Hook Strategy <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Mailing Address    2601 Ocean Park Blvd Ste 324			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29358.00</div>	
City Santa Monica	State CA	Zip Code 90405-5297	<b>Transaction ID : 500191985</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">12238924.15</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 156 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Bully Pulpit Interactive			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Mailing Address    1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15995.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500193906</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee GCJ Research			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Mailing Address    3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>	
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500194006</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Purpose of Expenditure Media Consulting			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">25995.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 157 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee GCJ Research <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>25</div><div>2024</div></div>	
Mailing Address 3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">33000.00</div> <b>Transaction ID : 500194316</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>25</div><div>2024</div></div>	
City State Zip Code Palo Alto CA 94303-4218				
Purpose of Expenditure Media Consulting		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Maryonovich, Jillian, Michael, , <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>09</div><div>17</div><div>2024</div></div>	
Mailing Address 440 15th St Apt 1RF			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> <b>Transaction ID : 500186816</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>17</div><div>2024</div></div>	
City State Zip Code Brooklyn NY 11215-5786				
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;">34500.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; text-align: right;"></div></div></div>				
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.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <u>McLean, Chauncey, , ,</u></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: space-between;"><div>12</div><div>05</div><div>2024</div></div></div></div>				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 158 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee Waterfront Strategies *			<input checked="" type="checkbox"/> Memo Item      Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">10      29      2024</div>	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">394612.27</div>	
City Washington		State DC	Zip Code 20007-5161	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support      Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: 00	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">11      04      2024</div>	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">300000.00</div>	
City Washington		State DC	Zip Code 20007-5161	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support      Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: 00	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div></div></div>				
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  McLean, Chauncey, , ,			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="text-align: center;">12      05      2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 159 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Comcast Cable Communications Management LLC			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    13431 Collection Center Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">290.00</div>	
City Chicago	State IL	Zip Code 60693-0001	<b>Transaction ID : 500195226</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Shipping		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">225937.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193536</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">226227.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 160 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10064792.79</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195236</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Three Point Media			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    290 Broadway Ste 210			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Methuen	State MA	Zip Code 01844-6827	<b>Transaction ID : 500193546</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">10064892.79</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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.				
_____ McLean, Chauncey, , , Signature			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 161 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee PFB Media, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 18 / 2024	
Mailing Address    505 Court St Apt 1H			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4532.43</div>	
City Brooklyn	State NY	Zip Code 11231-3947	<b>Transaction ID : 500192146</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 18 / 2024	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gambit Strategies LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    2939 Van Ness St NW Apt 1006			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5139.00</div>	
City Washington	State DC	Zip Code 20008-4605	<b>Transaction ID : 500195246</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">9671.43</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 162 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Apollo Messaging Team LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>22</div><div>2024</div></div>	
Mailing Address 7198 Neills Branch Dr			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>3000.00</div><div></div></div>	
City College Grove	State TN	Zip Code 37046-1491	<b>Transaction ID : 500193556</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>22</div><div>2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>501404300.22</div><div></div></div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>29</div><div>2024</div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>0.00</div><div></div></div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195256</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>29</div><div>2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>501404300.22</div><div></div></div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div>3000.00</div><div></div></div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div></div><div></div></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"><div></div><div></div><div></div></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>05</div><div>2024</div></div>	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 163 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Bully Pulpit Interactive			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9435250.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500193566</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Left Hook Strategy			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Mailing Address    2601 Ocean Park Blvd Ste 324			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27972.00</div>	
City Santa Monica	State CA	Zip Code 90405-5297	<b>Transaction ID : 500191986</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">9463222.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 164 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>		
Full Name of Payee Bully Pulpit Interactive <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 28 / 2024		
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1186.08</div>		
City Washington		State DC	Zip Code 20005-2267		
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : 500194986 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 28 / 2024	
Name of Federal Candidate: Harris, Kamala, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Bully Pulpit Interactive <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 11 / 01 / 2024		
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">976328.00</div>		
City Washington		State DC	Zip Code 20005-2267		
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Transaction ID : 500199496 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate: Harris, Kamala, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1186.08</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024		

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 165 OF 192  
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NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Comcast Cable Communications Management LLC			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 15 / 2024		
Mailing Address    13431 Collection Center Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3215.00</div>		
City Chicago	State IL	Zip Code 60693-0001	<b>Transaction ID : 500191796</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024		
Purpose of Expenditure Ad Shipping (Estimate)		Category/ Type			
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee GCJ Research			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024		
Mailing Address    3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6000.00</div>		
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500194007</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024		
Purpose of Expenditure Media Consulting		Category/ Type			
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">9215.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024		

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 166 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>25</div><div>2024</div></div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4664.66</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500194307</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>25</div><div>2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>25</div><div>2024</div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500194317</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>25</div><div>2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6164.66</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>12</div><div>05</div><div>2024</div></div>	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 167 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">353915.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500199917</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Comcast Cable Communications Management LLC			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 01 / 2024	
Mailing Address    13431 Collection Center Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3050.00</div>	
City Chicago	State IL	Zip Code 60693-0001	<b>Transaction ID : 500189327</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Purpose of Expenditure Ad Shipping (Estimate)		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3050.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 168 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">10 / 22 / 2024</div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">7795849.99</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193537</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">10 / 22 / 2024</div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee MVAR Media LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">10 / 22 / 2024</div>	
Mailing Address 1421 Prince St Ste 320			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">15535.75</div>	
City Alexandria	State VA	Zip Code 22314-2805	<b>Transaction ID : 500193547</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">10 / 22 / 2024</div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">7811385.74</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
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Signature <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div> <div style="text-align: center;">12 / 05 / 2024</div>	





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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 170 OF 192  
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NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1585445.79</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193557</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee MVAR Media LLC			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    1421 Prince St Ste 320			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">884.24</div>	
City Alexandria	State VA	Zip Code 22314-2805	<b>Transaction ID : 500195257</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1586330.03</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 171 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16185334.44</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193567</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee MVAR Media LLC			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 31 / 2024	
Mailing Address    1421 Prince St Ste 320			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">984.24</div>	
City Alexandria	State VA	Zip Code 22314-2805	<b>Transaction ID : 500195677</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 31 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">16186318.68</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 173 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Bully Pulpit Interactive			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 23 2024</div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12099.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500193908</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 23 2024</div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee GCJ Research			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 23 2024</div>	
Mailing Address 3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1111.00</div>	
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500194008</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 23 2024</div>	
Purpose of Expenditure Media Consulting			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">13210.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">12 05 2024</div>	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 174 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>				
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2881.38</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500194308</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1450000.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500195418</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1452881.38</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 175 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Rising Tide Interactive			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address    529 14th St NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1030.99</div>		
City Washington	State DC	Zip Code 20045-1000	<b>Transaction ID : 500194318</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024		
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024		
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">319426.16</div>		
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500199918</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024		
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"><div>(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">1030.99</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div>					
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024		





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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 177 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">495722.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193538</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8747706.41</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195238</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">9243428.41</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 178 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee GCJ Research <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">22</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>	
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500193548</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">22</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Media Consulting			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee MV Digital Group LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">18</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 1 World Trade Ctr FI 28			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">150000.00</div>	
City New York	State NY	Zip Code 10007-0090	<b>Transaction ID : 500192148</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">18</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">155000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">05</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 179 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Three Point Media <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">29</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 290 Broadway Ste 210			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">6540.13</div></div>	
City Methuen	State MA	Zip Code 01844-6827	<b>Transaction ID : 500195248</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">29</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">501404300.22</div></div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">22</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">54259.28</div></div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193558</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">22</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">501404300.22</div></div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">60799.41</div></div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;"></div></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;"></div></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">12</div><div style="border: 1px solid black; padding: 2px;">05</div><div style="border: 1px solid black; padding: 2px;">2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 180 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>				
Full Name of Payee MVAR Media LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 1421 Prince St Ste 320			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">984.24</div>	
City Alexandria	State VA	Zip Code 22314-2805	<b>Transaction ID : 500195258</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">501404300.22</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		2024		
Full Name of Payee Waterfront Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1405774.39</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193568</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">501404300.22</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		2024		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1406758.63</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
			<div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">12</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">05</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div></div><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2024</div></div></div>	

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">229244.65</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500191988</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee PFB Media, LLC			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 28 / 2024	
Mailing Address    505 Court St Apt 1H			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28752.08</div>	
City Brooklyn	State NY	Zip Code 11231-3947	<b>Transaction ID : 500194988</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 28 / 2024	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">257996.73</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 182 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">33319.00</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500193898</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee GCJ Research <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Mailing Address 3458 Kenneth Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8222.22</div>	
City Palo Alto	State CA	Zip Code 94303-4218	<b>Transaction ID : 500194009</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 23 / 2024	
Purpose of Expenditure Media Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">41541.22</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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Signature <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 183 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Bully Pulpit Interactive			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024	
Mailing Address    1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3163.52</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500194309</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee The Hooligans Agency			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 30 / 2024	
Mailing Address    5600 Namakagan Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">21430.00</div>	
City Bethesda	State MD	Zip Code 20816-1925	<b>Transaction ID : 500195419</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 30 / 2024	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">24593.52</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 184 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee MVAR Media LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024	
Mailing Address 1421 Prince St Ste 320			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2952.71</div>	
City Alexandria	State VA	Zip Code 22314-2805	<b>Transaction ID : 500194319</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024	
Purpose of Expenditure Ad Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address 3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">551798.41</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195219</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">554751.12</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	



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**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 185 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Waterfront Strategies *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">179446.12</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500199919</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Comcast Cable Communications Management LLC			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    13431 Collection Center Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4925.00</div>	
City Chicago	State IL	Zip Code 60693-0001	<b>Transaction ID : 500193529</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Ad Shipping		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">4925.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 186 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Comcast Cable Communications Management LLC			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Mailing Address    13431 Collection Center Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1850.00</div>	
City Chicago	State IL	Zip Code 60693-0001	<b>Transaction ID : 500195229</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024	
Purpose of Expenditure Ad Shipping		Category/ Type		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1818560.76</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193539</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024	
Purpose of Expenditure Media Buy and Ad Servicing		Category/ Type		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1820410.76</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 187 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024		
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1537872.26</div>		
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500195239</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 29 / 2024		
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024		
Mailing Address    3050 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30000.00</div>		
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : 500193549</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 22 / 2024		
Purpose of Expenditure Ad Production (Estimate)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1567872.26</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 188 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee The Hooligans Agency			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 01 / 2024		
Mailing Address    5600 Namakagan Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37000.00</div>		
City Bethesda	State MD	Zip Code 20816-1925	<b>Transaction ID : 500189349</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024		
Purpose of Expenditure Ad Production (Estimate)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee 50+1 Strategies			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 08 / 2024		
Mailing Address    PO Box 358			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30000.00</div>		
City San Francisco	State CA	Zip Code 94104-0358	<b>Transaction ID : 500190149</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024		
Purpose of Expenditure Ad Production (Estimate)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: 00		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">67000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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  McLean, Chauncey, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 05 / 2024		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 189 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee Three Point Media <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 29 2024</div>	
Mailing Address 290 Broadway Ste 210			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6540.13</div>	
City Methuen	State MA	Zip Code 01844-6827	<b>Transaction ID : 500195249</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 29 2024</div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Solidarity Strategies <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 22 2024</div>	
Mailing Address PO Box 15260			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23400.00</div>	
City Washington	State DC	Zip Code 20003-0260	<b>Transaction ID : 500193559</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">10 22 2024</div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">29940.13</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="text-align: center;">12 05 2024</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 190 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee MVAR Media LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>29</div><div>2024</div></div>	
Mailing Address 1421 Prince St Ste 320			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">984.24</div>	
City Alexandria	State VA	Zip Code 22314-2805	<b>Transaction ID : 500195259</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>29</div><div>2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Pacific Campaign House <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>22</div><div>2024</div></div>	
Mailing Address 401 Harrison St Apt 17G			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40000.00</div>	
City San Francisco	State CA	Zip Code 94105-2790	<b>Transaction ID : 500193569</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>10</div><div>22</div><div>2024</div></div>	
Purpose of Expenditure Ad Production			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">40984.24</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M /</div><div style="border: 1px solid black; padding: 2px;">D D /</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>12</div><div>05</div><div>2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 191 OF 192  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FF PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00669259</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Bully Pulpit Interactive <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2024</div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">951.04</div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500195679</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 31 / 2024</div>	
Purpose of Expenditure Media Buy and Ad Servicing			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee The Hooligans Agency <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 10 / 2024</div>	
Mailing Address 5600 Namakagan Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City Bethesda	State MD	Zip Code 20816-1925	<b>Transaction ID : 500190389</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 17 / 2024</div>	
Purpose of Expenditure Ad Production (Estimate)			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Harris, Kamala, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: 00	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501404300.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5951.04</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>McLean, Chauncey, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 05 / 2024</div>	

