

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

NAME OF COMMITTEE (In Full) Forward Blue PAC			FEC IDENTIFICATION NUMBER ▼ C C00835041		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			M M / D D / Y Y Y Y Y Y		
Full Name of Payee Switchboard Public Benefit Corp			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 23 / 2026		
Mailing Address PO Box 33485			Amount 1000.00		
City Washington		State DC	Zip Code 20033-0485		Transaction ID : 500348278
Purpose of Expenditure Voter Contact Texting - Estimated Amount		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate SUNUNU, JOHN, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		1000.00	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			1000.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Austin, David, , ,			Date M M / D D / Y Y Y Y Y Y 08 / 24 / 2026		