

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

NAME OF COMMITTEE (In Full) FUTURE COALITION PAC			FEC IDENTIFICATION NUMBER ▼ C C00882555		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee IMGE LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2024 M M M / D D D / Y Y Y Y Y Y		
Mailing Address 1401 H STREET NW STE 550			Amount 263068.24		
City WASHINGTON		State DC	Zip Code 20005		Transaction ID : SE.4121
Purpose of Expenditure DIGITAL MEDIA		Category/Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2024 M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate HARRIS, KAMALA, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 528767.61			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y M M M / D D D / Y Y Y Y Y Y M M M / D 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..... ▶ 263068.24 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 263068.24					
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 ZABORNEY, RAY, , , Date M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2024 M M M / D D D / Y Y Y Y Y Y					