## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Protect Our Future PAC	
	C C00801514
Check if 24-hour report 48-hour report Mew report Amends report filed on 48-hour report	
Full Name of Payee	Date of Public Distribution/Dissemination
Person 2 Person Solutions	M M / D D / Y Y Y Y
Mailing Address 55 Washington St	08 04 2022 Amount
Ste 702	
City State Zip Code	33797.12
Brooklyn NY 11201-1063	Transaction ID: 500263207 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Services  Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought:  House District: 22
CONOLE, FRANCIS, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought  Disbut 2022	orsement For:   ✓ Primary General  Other (specify) ✓
Full Name of Payee	Date of Public Distribution/Dissemination
Person 2 Person Solutions	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 Washington St	08 10 2022
Ste 702	Amount
City State Zip Code	33797.12
Brooklyn NY 11201-1063	Transaction ID: 500263208 Date of Disbursement or Obligation
Purpose of Expenditure  Category/	M M / D D / Y Y Y Y
Direct Mail Services Type	08 10 2022
Name of Federal Candidate Support Office	e Sought: K House District: 22
CONOLE, FRANCIS, , ,	President Senate State: NY
	ursement For: X Primary General
Per Election for Office Sought 476391.89 2022	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	67594.24
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(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.	
Montoya, Dacey, , ,  [Electronically Filed] Date	8 10 2022
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Protect Our Future PAC	C C00801514
Check if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayaya
Full Name of Payee Person 2 Person Solutions	Date of Public Distribution/Dissemination
	08 09 2022
Mailing Address 55 Washington St Ste 702	Amount
City State Zip Code	12394.89
Brooklyn NY 11201-1063	Transaction ID : 500263209  Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Services  Category/ Type	08 / 10 / 2022
Name of Federal Candidate Support Office	ee Sought:  House District: 22
CONOLE, FRANCIS, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought  Disb 2022	oursement For:  Y Primary General  Other (specify)    Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For:
, ,	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	12394.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	79989.13
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	