

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

NAME OF COMMITTEE (In Full) Forward Blue PAC			FEC IDENTIFICATION NUMBER ▼ C C00835041	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Switchboard		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2024		
Mailing Address PO Box 33485		Amount 640.00		
City Washington	State DC	Zip Code 20033-0485	Transaction ID : 500127186	
Purpose of Expenditure Voter Outreach Texting (Estimated Amount)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Casey, Bob, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		118199.99	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee Switchboard		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2024		
Mailing Address PO Box 33485		Amount 175.00		
City Washington	State DC	Zip Code 20033-0485	Transaction ID : 500127187	
Purpose of Expenditure Voter Outreach Texting (Estimated Amount)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate RILEY, JOSH, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 19 ☐ President ☐ Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		326.43	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		815.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Austin, David, , ,		Date MM / DD / YYYY 10 / 27 / 2024		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
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 M / D D D / Y Y Y Y Y Y					
Full Name of Payee Switchboard			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2024		
Mailing Address PO Box 33485			Amount 185.00		
City Washington		State DC	Zip Code 20033-0485		Transaction ID : 500127188
Purpose of Expenditure Voter Outreach Texting (Estimated Amount)			Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate RYAN, PAT, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 18 ☐ President ☐ Senate State: NY
Calendar Year-To-Date Per Election for Office Sought			368.01 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Switchboard			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2024		
Mailing Address PO Box 33485			Amount 1248.00		
City Washington		State DC	Zip Code 20033-0485		Transaction ID : 500127189
Purpose of Expenditure Voter Outreach Texting (Estimated Amount)			Category/ Type 004		Date of Disbursement or Obligation 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			3089026.34 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1433.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			2248.00		
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 M / D D D / Y Y Y Y Y Y 10 / 27 / 2024		