24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Protect Our Future PAC	C C00801514
	G 200001314
Check if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Chism Strategies	05 13 2022
Mailing Address 305 Green Oak Ln	Amount
City State Zip Code	5000.00
Madison MS 39110-8214	Transaction ID: 500131148 Date of Disbursement or Obligation
Purpose of Expenditure GOTV calls Category/ Type	M 05
Name of Federal Candidate Support Office	e Sought: X House District: 06
Flynn, Carrick, , ,	President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought Disbut 2022	ursement For: ✓ Primary General Other (specify) ✓
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calcinati Total To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	5000.00
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.	
)5 / 13 / 2022
Signature	