CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Raymand	MI A	OFFICE USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received
	1.1.7.3.1.1.1.1. <u>-</u>	SM-0000000	33111/	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		STATE: ZIP CODE	APR 2 6 2024
III. See See See See See See See See See Se	AREA CODE	PHONE NUMBER		DI:
6 CANDIDATE/ OFFICEHOLDER PHONE	(956)	346-8184	EXTENSION	Date Hand-delivered of Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	JESSICA	A.	Date Processed
TV WIL	NICKNAME	LASŢ	SUFFIX	
		Vano		Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	JITE #; CITY;	STATE; ZIP CODE
TREASURER	OTREET ADDRESS	(NO FO BOX FEENDE), AFT 7 GC		, , ,
ADDRESS	44 61	levareen Dr.	BIGINALAIR	11e TX 18520
(Residence or Business)	.,	officort size	0.00000	110 170 70020
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER		221 000		
PHONE	(956)	371.5845	4	
9 REPORT TYPE	January 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	etion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	3	/26 / 2024	THROUGH 4	124/2024
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other	
	E / 4	✓ General	Description Special	
	5/4/	724	Con Management	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	1	1/A	BND Commiss	aner Place 1
14 NOTICE FROM	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTIONS A		ADE BY POLITICAL COMMITTEES TO SUPPORT
POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	1 1	THE RESERVE NOTICE OF GOOD EXPENDITIONES.
				\$
	GENERAL	COMMITTEE ADDRESS		
Additional Pages				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
-		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
L ₂				
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Raymond P. Everit	+	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		ICAL CONTRIBUTIONS (OTHER THA	\$ 19.33
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS DANS, OR GUARANTEES OF LOANS	7,287.49 \$ 3,287.4 9
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.	\$ 625.00
	4. TOTAL POLITICAL EXPE	NDITURES	\$ 1,240.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	SUTIONS MAINTAINED AS OF THE LA	AST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS O	OF THE \$
			ue and correct and includes all information
req	uired to be reported by me under Title 15	, Election Code.	
÷			
		Signature of C	andidate or Officeholder
	Please com	plete either option belo	N:
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by	this the	day of,
	which, witness my hand and seal of office.		
Signature of officer administer	ing oath Printed name of o	fficer administering oath	Title of officer administering oath
(2) Unavious Dealerstie		OR	
(2) Unsworn Declaratio	in		
My name is Raym	and Everitt	, and my date of birth is	11/8/88
My address is	1 Evergreen Dr.	Brownsville, T	X , 18520 , USA .
, , , , , , , , , , , , , , , , , , ,	(street)	(city)	state) (zip code) (country)
Executed in <u>Cameron</u>	County, State of Texas	, on the <u>Z6</u> day of <u>Apr</u> (mont	(1), 20 <u>~4</u> . (year)
		Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C	Commission Filers)
	Raymond D. Everitt	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7.287.49
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,221.52
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 615.26
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Raymond P. Ewritt	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
4/12/24	6 Contributor address; City; State; Zip Code	\$5.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
4/12/24	Contributor address: City: State: Zip Code (7a Mand TX 75043	\$3.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	otions)
Date	Full name of contributor	Amount of contribution (\$)
4/12/24	Contributor address; City; State; Zip Code Lancastes OH 43/30	\$3.83
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	 ctions)
Date	Full name of contributor out-of-state PAC (ID#;)	Amount of contribution (\$)
4/12/24	Contributor address; City; State; Zip Code	\$10.00
Principal occup	Santu Rosa Brack FL 300 petion / Job title (See Instructions) Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

ii iiie reques	ned information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Raymondl. Everitt	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Rodin Schneider 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
	Austin TX 78704	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Evgenia Evzitt	Amount of contribution (\$)
4/8/24	Contributor address; City; State; Zip Code Brownsville TX 78526	\$100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	lions)
Date	Full name of contributor	Amount of contribution (\$)
4/8/24	Joey Trevino Contributor address; City; State; Zip Code Vyqlde TX 78801	\$100,00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	lions)
Date	Full name of contributor	Amount of contribution (\$)
4/10/24	Contributor address; City; State; Zip Code Brownstille TX	\$100.00
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ilons)

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

					_
The	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
2 FILER NAME	Raymond P.Ev.	eritt			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Arden Buck	Out-of-state PAC	(ID#:		7 Amount of contribution (\$)
4/12/24	6 Contributor address;	City;		Zip Code	\$ 1000.00
		Nederland	1 (0	80406	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
	Aaryaman Singha	1			
4/12/24	Contributor address;	City;			\$11.00
		Berkeley	CA	94703	
Principal occup	pation / Job title (See Instructions)	•		oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Frank Ramire	Z.			,
4/13/24	Contributor address;	City;	State;	Zip Code	\$ 3.33
		Union City	A	94587	
Principal occup	pation / Job title (See Instructions)			oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#;		Amount of contribution (\$)
4/14/24	Contributor address;	City;	State;	Zip Code	\$1000.00
		11. 41	1. 1	A 1	
Principal cocur	pation / Job title (See Instructions)	Northau	•	1A 1000	inna)
гипора оссир	ation 7 dob title (Gee matidetions)		⊏iripii	oyer (See Instructi	ons)
	·				
	ATTACUADDITI	ONAL CODIEC O	ETHICC	CUEDIU E AC NI	

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1:
Raymond P.	Everitt			3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Lynne Nitler	_		,	7 Amount of contribution (\$)
6 Contributor address;	City;	State;	Zip Code	\$10.00
pation / Job title (See Instructions)				ions)
Full name of contributor		C (ID#:)	Amount of contribution (\$)
Contributor address;	City;	State;	Zip Code	\$9.00
pation / Job title (See Instructions)	T T			ions)
Full name of contributor		C ((O#:		Amount of contribution (\$)
Contributor address;	City;			\$1.67
pation / Job title (See Instructions)	C-4 Cap	!		ions)
Full name of contributor	out-of-state PAC	C (ID#:		Amount of contribution (\$)
Contributor address;	City;			\$9.00
pation / Job title (See Instructions)	Pe/ham	MA Emplo	yer (See Instructi	ions)
	Raymand P. 5 Full name of contributor Lynne Nittles 6 Contributor address; pation / Job title (See Instructions) Full name of contributor Martina Nich Contributor address; pation / Job title (See Instructions) Full name of contributor Diane Macan Contributor address; pation / Job title (See Instructions) Full name of contributor Pull name of contributor Ann Macan Ann Macan An	Raymand P. Everitt 5 Full name of contributor out-of-state PAC	Raymand P. Everitt 5 Full name of contributor out-of-state PAC (ID#:	Raymand P. Ever; H 5 Full name of contributor out-of-state PAC (ID#:

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains hov	v to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Raymond P. E	ueri H		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Larry De With	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
4/15/24	6 Contributor address;	City;	State; Zip Code	\$3.00
8 Principal occup	pation / Job title (See Instructions)	,	9 Employer (See Instruc	lions)
Date	Full name of contributor	_	.c (ID#:)	Amount of contribution (\$)
4/15/24	Contributor address;	City;	State; Zip Code	\$ 9.00
Principal occup	ation / Job title (See Instructions)		CR 97405 Employer (See Instruct	ions)
Date	Full name of contributor Jegnae With		C (ID#:)	Amount of contribution (\$)
4/15/24	Contributor address;	City;	State; Zip Code	\$500.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor William G. Pign	out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/15/24	Contributor address;	City;	State; Zip Code	\$9.00
Principal occup	ation / Job title (See Instructions)	St. Paters	Employer (See Instruct	ions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME Raymond P. Everitt 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (IDIF:) 7 Amount of contribution (\$) Weavervilla NC 28787 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDIF:) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDIF:) Palo Alto CA 94701 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDIF:) Palo Alto CA 94701 Principal occupation / Job title (See Instructions) Amount of contribution (\$) Lamber (See Instructions) Amount of contribution (\$) Susak Brickman 4/15/24 Contributor address; City; State; Zip Code State 200	
Paymond P. Everitt Paymond P. Everitt	
Rogar Darrough 4/15/24 6 Contributor address: City; State; Zip Code \$9.00 Weaverville NC 28787 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Michael Rieschnick City; State; Zip Code \$27.60 Palo Alto CA 94701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Susas Brickman	***************************************
### Principal occupation / Job title (See Instructions) ### Principal occupation / Job title (See Instructions) #### Principal occupation / Job title (See Instructions) ###################################	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	
Michael Kiaschnick 4/15/24 Contributor address; City; State: Zip Code Pala Alto CA 94301 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	
4/15/24 Contributor address; City; State; Zip Code \$\frac{7}{27}\$. \$\frac{8}{6}\$ Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Susas Brickman	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	
Susaa Brickman	
,	
Principal occupation / Job title (See Instructions) Read ham MA 2494 Employer (See Instructions)	
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)	
4/15/24 Ernest Crider Contributor address; City; State; Zip Code \$1.00	
Principal occupation / Job title (See Instructions) Mexical CO 81641 Employer (See Instructions)	

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SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

ii tiic requee	ted information is not applicable, bo i	ioi moidae iii	io pugo in tilo	
The	Instruction Guide explains how to compl	ete this form.		1 Total pages Schedule A1:
2 FILER NAME	Raymond P. Everit	+		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	state PAC (ID#:		7 Amount of contribution (\$)
				a b
4/15/24	6 Contributor address; City;	State;	Zip Code	\$27.00
	L. a	Jolla CA	92037	
8 Principal occu	oation / Job title (See Instructions)	9 Empl	oyer (See Instruct	ions)
Date	Full name of contributor out-of-	state PAC (ID#:		Amount of contribution (\$)
	Robin Laughlin			
4/15/24	• • • • • • • • • • • • • • • • • • • •	State;	Zip Code	\$ 27.00
	Tesu	que un	87574	*
Principal occup	ation / Job title (See Instructions)		oyer (See Instruct	ions)
Date	_	state PAC (ID#:		Amount of contribution (\$)
	Roberta Chan			į,
4/15/24	Contributor address; City;	State;	Zip Code	\$5.00
	C7100	lala CA	95445	
Principal occup	ation / Job title (See Instructions)	Empl	oyer (See Instruct	ions)
Date	Full name of contributor	state PAC (ID#:	,	Amount of contribution (\$)
	Hilary Reeves		,	.,
4/15/24	Contributor address; City;	State;	Zip Code	\$10.00
1/13/29	-	Minneapolis 1	UN 55401	·
Principal occur	ation / Job title (See Instructions)		oyer (See Instruct	lions)
	ATTACH ADDITIONAL CO			
	If contributor is out-of-state PAC, please s	ee Instruction gui	de for additional r	eporting requirements.

SCHEDULE A1

If the reques	sted information is not applicat	ble, DO NOT in	clude th	is page in the	report.
The	Instruction Guide explains how	to complete this	form.	<u></u>	1 Total pages Schedule A1:
2 FILER NAME	Raymond P.	Everitt			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
	Adviana Underwi	and			•-
4/15/24	6 Contributor address;	City;	State;	Zip Code	\$ 9.00
, , ,		St. Louis	MO	63132	•
8 Principal occu	pation / Job title (See Instructions)			loyer (See Instruct	lions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
4/15/24	R&Che) D&C- Contributor address;	esare. City;		Zip Code	#8.34
		Nashva	NH	3062	
Principal occup	ation / Job title (See Instructions)		Empl	loyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Joan Connolly				
4/15/24	Contributor address;	City;	State;	Zip Code	\$ 9.00
		Rensin.	iton C	4 94707	
Principal occup	ration / Job title (See Instructions)			loyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
, ,	Tammy Allyn		Olata.		600-
4/15/24	Contributor address;	City;	State;	Zip Code	\$ 6.67
,		Houston	TX	77077	
Principal occup	ation / Job title (See Instructions)		Empl	oyer (See Instructi	ions)
**************************************	ATTACHADDIT	ONAL CODIES C	VE TUIC C	CHEDIU E AS NI	EEDED

SCHEDULE A1

If the reque	sted information is not applica	ble, DO NOT is	nclude this page in th	ne report.
The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
FILER NAME	Raymond P. Z	veritt		3 Filer ID (Ethics Commission Filers)
l Date	5 Full name of contributor Lynda Bowey	out-of-state PA	C (ID#:	7 Amount of contribution (\$)
4/16/24	6 Contributor address;	City;	State; Zip Code	\$3.00
Principal occu	pation / Job title (See Instructions)	Spokana	9 Employer (See Instr	ructions)
Date	Full name of contributor	Out-of-state PA	C (ID#:	Amount of contribution (\$)
4/16/24	Rika Barough Contributor address;	City;	State; Zip Code	\$20.00
		Richann	d (A 94805	
Principal occup	pation / Job title (See Instructions)		Employer (See Instr	ructions)
Date	Full name of contributor	out-of-state PA	C (ID#:	Amount of contribution (\$)
4/16/24	Ed Smith Contributor address;	City;	State; Zip Code	\$ 9.00
		Flo	reace 5(29501	
Principal occuj	pation / Job title (See Instructions)		Employer (See Instr	uctions)
Date	Full name of contributor Chip Sharpe	out-of-state PA	C (18#:	Amount of contribution (\$)
4/16/24	Contributor address;	City;	State; Zip Code	\$9.00
Principal occup	pation / Job title (See Instructions)	Bayri	Le (A 95524 Employer (See Instr	uctions)
			•	
			•	
			OF THIS SCHEDULE AS	A LEW CHARLES

SCHEDULE A1

ir the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Totał pages Schedule A1:
2 FILER NAME	Raymond P. Everitt	3 Filer ID (Ethics Commission Filers)
4 Date 4 16 24	5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:) Lucinda Huggins	Amount of contribution (\$)
4/16/24	Contributor address; City; State; Zip Code Schenectedy NY 12309	\$20.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:) Shaila Slaker	Amount of contribution (\$)
4/17/24	Contributor address; City; State; Zip Code NewYork NY 10025	\$ 3.33
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor [] out-of-state PAC (10#:) Elijah Bradford	Amount of contribution (\$)
4/17/24	Contributor address; City; State; Zip Code Canfon OH 44706	\$1.66
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)

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SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.							
The	Instruction Guide explains how to complete this form.	,	1 Total pages Schedule A1;				
2 FILER NAME	Raymond P. Everitt	3	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state_PAC (ID#:		7 Amount of contribution (\$)				
	Theodore Chase Jr.		_				
4/18/24	6 Contributor address; City; State	; Zip Code	\$ 9.00				
, ,		NJ 8540					
8 Principal occup		nployer (See Instruction	ns)				
Date	Full name of contributor		Amount of contribution (\$)				
11.1	Fawaz Annar		James .				
4/18/24		e; Zíp Code	\$33.33				
	Carrollton T	× 75010					
Principal occup	ation / Job title (See Instructions) En	nployer (See Instruction	ns)				
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)				
	Daniella Magrepo Hi						
4/18/24		e; Zip Code	\$ 83.33				
1/1-2		70, 70573	· (= • · • ·				
Principal occup		nployer (See Instruction	ns)				
Date	Fult name of contributor out-of-state_PAC (ID#:		Amount of contribution (\$)				
	Jessica Hinologa	,	()				
4/18/24		e; Zip Code	\$ 5.00				
	Roman of	- Tru Horac	74 -				
Principal occup		RTK 1857G	ns)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.						
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:					
2 FILER NAME Raymond P. Ever: H	3 Filer ID (Ethics Commission Filers)					
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)					
4/18/24 6 Contributor address; City; State; Zip Code Chicago IL 6846	\$16.66					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)					
Date Full name of contributor	Amount of contribution (\$)					
4/22/24 Contributor address; City; State; Zip Code	\$4.00					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)					
Date Full name of contributor Vout-of-state PAC (ID#: 60806893)	Amount of contribution (\$)					
Jane Fonda Climple PAC 4/3/24 Contributor address; City; State; Zip Code Ulashington DC 20003	\$2,000.00					
Principal occupation / Job title (See Instructions) Employer (See Instruc						
Date Full name of contributor [Wout-of-state PAC (ID#: Coc806893],	Amount of contribution (\$)					
Tanz Fonda (limate PAC 4/17/24 Contributor address; City; State; Zip Code workington DC 2009	\$2,000.00					
Principal occupation / Job title (See Instructions) Employer (See Instruc						
ATTACH ADDITIONAL CODIES OF THE COLLEDING FACE						

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide expla	ains how to complete this form	n.	1 Total pages Sched	ule A2:	
2	FILER NAME	Raymond P. Everit	-	3 Filer ID (Ethics Co	mmission Filers)	
4	TOTAL OF UNITEMIZED IN-K	IND POLITICAL CONTRIE	BUTIONS	\$ 7,221.5	2	
5	Date 6 Full name of contributo Lead Loca 7 Contributor address;	City; State;	Zip Code	Contribution \$	9 In-kind contribution description Voter Contact Email List Reutal Staff Time	
		Los Angeles CA	90029		de of Texas. Complete Schedule T.	
10	Principal occupation / Job title (FOR NO			er (FOR NON-JUDICIA	AL)(See Instructions)	
12	Contributor's principal occupation (FOR	JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
14	Contributor's employer/law firm (FOR JU	IDICIAL)	15 Law fim	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	Date Full name of contribute	or □ out-of-state PAC (ID#:		Amount of Contribution \$	I In-kind contribution description	
	Contributor address;	City; State;	Zip Code	Check if travel outsi	{ de of Texas. Complete Schedule T.	
	Principal occupation / Job title (FOR NO	N-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI)	AL)(See instructions)	
	Contributor's principal occupation (FOR	JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)	
	Contributor's employer/law firm (FOR JL	IDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
	If contributor is a child, law firm of paren	t(s) (if any) (FOR JUDICIAL)				
		CH ADDITIONAL COPIES OF T			g requirements.	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officenolder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a cate	gory not listed above)
1 Total pages Schedule F1:	2 FILER NAME Raymond P. C	veritt	3 Filer ID (Ethi	cs Commission Filers)
4 Date 4/20/24	Raymond P. E 5 Payee name Brand Bosters Co. LLC	*		
6 Amount (\$)	7 Payee address;	City;	State;	Zìp Code
\$ 615.26	3607 S. L. Ln.	Mc Allan	TX	78507
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Flyers, A	di, yard si	grs, for advartis;
	(c) Check if travel outside of Texes. Complete Schedule T.		n, TX, officeholder livir	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	······································	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texes. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

PAGE 1 / 4

FEC FORM 1		STATE					Office Use	Only	
1. NAME OF COMMITTEE (in	ı full)	(Check if n is changed		Example: If typi over the lines.	ng, type	12FE4M	5 5		200220000-00-000000VV4
Lead Locally	/ PAC		, particular de la company		Lauren La				5-man 1 January
Land and the state of the state	Lumbooming				<u>L.L.L.</u>				
ADDRESS (number a	•	1110 N Virgil Ave			<u>L</u>				
(Check if a is changed		#375					Description of the Control of the Co		
		Los Angeles CITY		uanal massaul arran massaul assaul massaul massaul massaul massaul massaul massaul massaul massaul massaul mas	Language and Topic and Top	STATE ▲	90029	- ZIP CODE ▲	Service
COMMITTEE'S E-MA	AIL ADDRES	38							
(Check if a	address d)	LeadLocally@leftlo	edger.co			mi, man de sente a constant de			
		Optional Second E	-Mail Addr	ess	luceum luceur luceror luceum l	L	name lumine de la come		
COMMITTEE'S WEB	B PAGE ADE	DRESS (URL)							
(Check if a is changed									
			company de la constanta de la			and the second s			
2. DATE 03	M / D 3 21	0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	and the state of t						
3. FEC IDENTIFIC	CATION NU	IMBER ▶	C coo	0874032					
4. IS THIS STATEM	MENT X	NEW (N)	OR	AMEI	NDED (A)				
I certify that I have e	examined th	is Statement and to	the best o	of my knowledge	and belief it	is true, corre	ct and compl	ete.	
Type or Print Name	of Treasurer	Stanger, Howie, , ,					and a supplied and active and active and active and active and active and active active and active a		
Signature of Treasure	er Stang	er, Howie, , ,			water and the same of the same)3 21	2024	Ý Ý
NOTE: Submission of	false, errone	ous, or incomplete inf						es of 52 U.S.C.	§30109

	Office	Í	į	
重	Use	Ì		
	Only			

For further Information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

EC Form	1 (Revised 03/2022)	Page 2
TYPE (OF COMMITTEE:	
Candi	date Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate inform	ation below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign cominformation below.)	mittee. (Complete the candidate
Name Candi	· · · · · · · · · · · · · · · · · · ·	
Candi Party	lidate Office Sought: House Senate	State President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee supports.	Commence of the commence of th
	me of ndidate	
Party (d)	Committee: This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Politic	eal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on	line 6.) Its connected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	in addition, this committee is a Lobbyist/Registrant PAC.	*****
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line	6.)
(g) X	This committee is an independent expenditure-only political committee (Super PAC)	l .
	In addition, this committee is a Lobbyist/Registrant PAC.	
(h)	This committee is a political committee with both contribution and non-contribution	accounts (Hybrid PAC).
Version	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint F	Fundraising Representative:	
(1)	This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fee	•
0)	This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal ca	•
Com	nmittees Participating in Joint Fundraiser	en en appenente processo por en appenente appenentation en appenente en appenente en appenente en appenente en
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The last			
romeokeen	FEC Form 1 (Revised 0	12/2009)	Page 3
٧	Vrite or Type Committee Name		
E	Lead Locally PA	C	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE A
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represent	MITT.
	Serves	Accept to the control of the control	Avery)
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the perso	on in possession of committee
	Hall, Mo, F	tudick	
	Full Name		
	Mailing Address	1110 N Virgil Ave	
		1 [#] 375	watermadricus discontinuo di mandri di m
		Los Angeles CA	90029
			homeonical language and a second second
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE A
	Custodian of Records		310 929 0276
		Telephone number	ned manufactured and the consideration of the consi
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
	Full Name Stanger, H	owie, , ,	
	of Treasurer		and a sure of the
	Mailing Address	1110 N Virgil Ave	
		#375	
		Los Angeles CA	90029
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
-	Treasurer	Telephone number	310 929 0276

*********	FEC Form	1 (Revised 02/2009)	Page 4
	Full Name of Designated Agent		
	Mailing Address		landania landani
	Tale ou Parision	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position	Telephone number	
€.	Banks or Other safety deposit be	Depositories: List all banks or other depositories in which the committee deposits funds, holioxes or maintains funds.	ds accounts, rents
	Name of Bank, I	Depository, etc.	
		Amalgamated Bank	
	Mailing Address	1825 K St NW	
		Washington DC 20006	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank,	Depository, etc.	
	Mailing Address		
			200
		CITY ▲ STATE ▲	ZIP CODE ▲
Paralle Marie			Account of the Commission of Commission of the C

Only

STATEMENT OF

PAGE 1/4

FEC **ORGANIZATION** FORM Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Jane Fonda Climate PAC 600 Pennsylvania Ave SE ADDRESS (number and street) Unit 15180 (Check if address is changed) Washington 20003 DC STATE A ZIP CODE A CITY A COMMITTEE'S E-MAIL ADDRESS reporting@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) / D D DATE 2023 C00806893 FEC IDENTIFICATION NUMBER ▶ 3. OR AMENDED (A) IS THIS STATEMENT NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Halfon, Jay, , , Type or Print Name of Treasurer Y M M a a Halfon, Jay, , , [Electronically Filed] 10 09 2023 Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-894-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	on below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commiting information below.)	ttee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized com	nmittee.
Name of Candidate	
Party Committee: (d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on lin	e 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a so committee. (i.e., nonconnected committee)	eparate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6	.)
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution ac	counts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net p committees/organizations, at least one of which is an authorized committee of a feder	
This committee collects contributions, pays fundraising expenses and disburses net p committees/organizations, none of which is an authorized committee of a federal can	
Committees Participating in Joint Fundraiser	
1.	Color of the continue of the color of the co

**	FEC Form 1 ((Revised 02/2009)	Page 3	
V	Vrite or Type Commit	ttee Name		
	Jane Fon	da Climate PAC	2-44	
6.	Name of Any Con	nected Organization, Affiliated Committee, Joint Fundralsing Representative, or Le	eadership PAC Sponsor	
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	Mailing Address			
			wa basedania	
		CITY ▲ STATE ▲	ZIP CODE &	
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso	
			· · · · · · · · · · · · · · · · · · ·	
7.	books and records	Myles, Joshua, , , 600 Pennsylvania Ave SE #15180 Washington CITY ▲ STATE ▲	20003 ZIP CODE 6960	
	CONTRACTOR TO THE CONTRACTOR OF THE CONTRACTOR O	La	boursesdessessebsessesd knowendummerlimmers. but	
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name are any designated agent (e.g., assistant treasurer).				
	Full Name of Treasurer	Halfon, Jay, , ,		
	Mailing Address	1600 Pennsylvania Ave SE		
		#15180 		
		Washington 2	20003	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			

Telephone number

opolitoi o	FEC Form	1 (Revised 02/2009)	Page 4	
	Full Name of Designated Agent	Rowe, Daniel, , ,		
	Mailing Address	600 Pennsylvania Ave SE		
		#15180		
		Washington DC 20003		
	Tille or Pealting		P CODE ▲	
	Title or Position		4 6960	
).	Banks or Other safety deposit bo	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.		
	Name of Bank, E	lame of Bank, Depository, etc.		
	Mailing Address	Amalgamated Bank		
		Washington DC 20006 LI	P CODE A	
	Name of Bank, Depository, etc.			
	Mailing Address		The second secon	
		CITY ▲ STATE ▲ ZIF	CODE &	
Programa (HIRANGI AND SANDERS HER CONSUSCICION			