

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 21																				
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 8px;">MS / MRS / MR</td> <td style="width:40%; font-size: 8px;">FIRST</td> <td style="width:40%; font-size: 8px;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>Raymond</i></td> <td style="text-align: center;"><i>P</i></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;"><i>Everitt</i></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		<i>Raymond</i>	<i>P</i>	NICKNAME	LAST	SUFFIX		<i>Everitt</i>		<div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; font-size: 12px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="font-size: 8px;">Date Received</p> <div style="text-align: center; border: 2px solid blue; padding: 5px; font-size: 24px; font-weight: bold; color: blue;">RECEIVED</div> <p style="text-align: center; color: red; font-weight: bold; font-size: 14px;">APR 26 2024</p> <p style="font-size: 8px;">BY: <i>[Signature]</i></p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="font-size: 8px;">Date Hand-delivered or Date Postmarked</p> <p style="font-size: 18px; text-align: center;"><i>4/24/24 4:37pm</i></p> </div> <table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$			Date Processed		Date Imaged	
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12 OFFICE	OFFICE HELD (if any) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>BND Commissioner Place 1</i>																					
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p style="font-size: 8px; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width:20%; border-right: 1px solid black;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS												
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME <i>Raymond P. Everitt</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>19.33</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>7,287.49</i> <i>3,287.49</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>625.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1,240.26</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Raymond Everitt*, and my date of birth is *11/8/88*.

My address is *44 Evergreen Dr.*, *Brownsville*, *TX*, *78520*, *USA*.
(street) (city) (state) (zip code) (country)

Executed in *Cameron* County, State of *Texas*, on the *26* day of *April*, 20 *24*.
(month) (year)

Raymond P. Everitt

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Raymond D. Everitt</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,287.49 <i>7,287.49</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>3,221.52</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>615.26</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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: 12

2 FILER NAME Raymond P. Ewritt 3 Filer ID (Ethics Commission Filers)

4 Date <u>4/12/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lynn Redman</u>	7 Amount of contribution (\$) <u>\$5.00</u>
6 Contributor address; City; State; Zip Code [Redacted] <u>Tampa, Tampa, FL 33617</u>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <u>4/12/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Laura Wilder</u>	Amount of contribution (\$) <u>\$5.00</u>
Contributor address; City; State; Zip Code [Redacted] <u>Garland TX 75043</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/12/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Connie Stever</u>	Amount of contribution (\$) <u>\$3.83</u>
Contributor address; City; State; Zip Code [Redacted] <u>Lancaster OH 43130</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>4/12/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tracy Rothstein</u>	Amount of contribution (\$) <u>\$10.00</u>
Contributor address; City; State; Zip Code [Redacted] <u>Santa Rosa Beach FL 32083</u>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Raymond P. Everitt</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/7/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robin Schneider</i>	7 Amount of contribution (\$) <i>\$25.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Austin TX 78704</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eugenia Everitt</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78526</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/8/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joey Trevino</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Uvalde TX 78801</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/10/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessie Vano</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/12/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Arden Buck</i>	7 Amount of contribution (\$) <i>\$1000.00</i>
	6 Contributor address; City; State; Zip Code <i>Nederland CO 80466</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/12/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aaryaman Singhal</i>	Amount of contribution (\$) <i>\$11.00</i>
	Contributor address; City; State; Zip Code <i>Berkeley CA 94703</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Isaac Ramirez</i>	Amount of contribution (\$) <i>\$2.33</i>
	Contributor address; City; State; Zip Code <i>Union City CA 94587</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/14/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Oona Coy</i>	Amount of contribution (\$) <i>\$1000.00</i>
	Contributor address; City; State; Zip Code <i>Northampton MA 1060</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/15/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynne Nittler</i>	7 Amount of contribution (\$) <i>\$10.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Davis CA 95616</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Martina Nicholson</i>	Amount of contribution (\$) <i>\$9.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Sequel CA 95071</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diane McCamey</i>	Amount of contribution (\$) <i>\$1.67</i>
Contributor address; City; State; Zip Code [Redacted] <i>LaCenter WA 98629</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann McNeal</i>	Amount of contribution (\$) <i>\$9.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Pelham MA 1002</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/15/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry DeWitt</i>	7 Amount of contribution (\$) <i>\$3.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Cypress TX 77433</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Zupan</i>	Amount of contribution (\$) <i>\$9.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Eugene OR 97405</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanne Witty</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Bedford Hills NY 10507</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William G. Pigman</i>	Amount of contribution (\$) <i>\$9.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>St. Petersburg FL 33704</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/15/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roger Darrough</i>	7 Amount of contribution (\$) <i>\$9.00</i>
	6 Contributor address; City; State; Zip Code [Redacted] <i>Weaverille NC 28787</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Kierschnick</i>	Amount of contribution (\$) <i>\$27.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Palo Alto CA 94301</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susan Brickman</i>	Amount of contribution (\$) <i>\$9.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Needham MA 2494</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ernest Crider</i>	Amount of contribution (\$) <i>\$1.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Montal CO 81641</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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 <i>Raymond P. Everitt</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shari Lawson</i>	7 Amount of contribution (\$) <i>\$27.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>La Jolla CA 92037</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robin Laughlin</i>	Amount of contribution (\$) <i>\$27.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Tusque NM 87574</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roberta Chan</i>	Amount of contribution (\$) <i>\$5.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Guatala CA 95445</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hilary Reeves</i>	Amount of contribution (\$) <i>\$10.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Minneapolis MN 55401</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

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 <i>Raymond P. Everitt</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Adriane Underwood</i>	7 Amount of contribution (\$) <i>\$9.00</i>
	6 Contributor address; City; State; Zip Code [Redacted] <i>St. Louis MO 63132</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rachel DeCesare</i>	Amount of contribution (\$) <i>\$8.34</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Nashua NH 3062</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jean Connolly</i>	Amount of contribution (\$) <i>\$9.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Kensington CA 94707</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/15/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tammy Allyn</i>	Amount of contribution (\$) <i>\$6.67</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Houston TX 77077</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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 <i>Raymond P. Everitt</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynda Bowen</i>	7 Amount of contribution (\$) <i>\$3.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Spokane WA 99203</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/16/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rita Brough</i>	Amount of contribution (\$) <i>\$20.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Richardson CA 94805</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/16/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ed Smith</i>	Amount of contribution (\$) <i>\$9.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Florence SC 29501</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/16/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chip Sharpe</i>	Amount of contribution (\$) <i>\$9.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Bayview CA 95524</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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 <i>Raymond P. Everitt</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William M. Mejors III</i>	7 Amount of contribution (\$) <i>\$8.34</i>
	6 Contributor address; City; State; Zip Code [Redacted] <i>Oklahoma City OK 73120</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/16/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lucinda Huggins</i>	Amount of contribution (\$) <i>\$20.00</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Schenectady NY 12309</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shaila Slater</i>	Amount of contribution (\$) <i>\$3.33</i>
	Contributor address; City; State; Zip Code [Redacted] <i>New York NY 10025</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/17/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elijah Bradford</i>	Amount of contribution (\$) <i>\$1.66</i>
	Contributor address; City; State; Zip Code [Redacted] <i>Canton OH 44706</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

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 <i>Raymond P. Everitt</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/18/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Theodore Chase Jr.</i>	7 Amount of contribution (\$) <i>\$ 9.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Princeton NJ 8540</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/18/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fawaz Anwar</i>	Amount of contribution (\$) <i>\$33.33</i>
Contributor address; City; State; Zip Code [Redacted] <i>Carrollton TX 75010</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/18/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniella Mayore Hi</i>	Amount of contribution (\$) <i>\$ 83.33</i>
Contributor address; City; State; Zip Code [Redacted] <i>Mission TX 78572</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/18/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Hinojosa</i>	Amount of contribution (\$) <i>\$ 5.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Brownsville TX 78526</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

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 <i>Raymond P. Everitt</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/18/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sheila Brady</i>	7 Amount of contribution (\$) <i>\$16.66</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Chicago IL 60640</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/22/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Lutz</i>	Amount of contribution (\$) <i>\$4.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Woodstock GA 30188</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/3/24</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <i>00806893</i>) <i>Jane Fonda Climate PAC</i>	Amount of contribution (\$) <i>\$2,000.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Washington DC 20003</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/17/24</i>	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <i>00806893</i>) <i>Jane Fonda Climate PAC</i>	Amount of contribution (\$) <i>\$2,000.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Washington DC 20003</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME Lead Locally PAC <u>Raymond P. Everitt</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>3,221.52</u>	
5 Date	6 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>CO0874032</u>) <u>Lead Locally PAC</u>	8 Amount of Contribution \$ \$ <u>1,073.23</u> \$ <u>200.50</u> \$ <u>1,947.79</u>	9 In-kind contribution description <u>Voter Contact</u> <u>Email List Rental</u> <u>Staff Time</u>
7 Contributor address; City; State; Zip Code <u>[REDACTED] Los Angeles CA 90029</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Raymond P. Everitt	3 Filer ID (Ethics Commission Filers)
4 Date 4/20/24	5 Payee name Brand Boosters Co. LLC	
6 Amount (\$) \$615.26	7 Payee address; City; State; Zip Code 3607 S. L. Ln. McAllen TX 78503	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Flyers, ads, yard signs for advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Lead Locally PAC

ADDRESS (number and street)

1110 N Virgil Ave

(Check if address is changed)

#375

Los Angeles

CA

90029

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

LeadLocally@leftledger.co

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

03 / 21 / 2024

3. FEC IDENTIFICATION NUMBER ▶

C C00874032

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Stanger, Howie, , ,

Signature of Treasurer Stanger, Howie, , ,

Date

03 / 21 / 2024

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 Use Only

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

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

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 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 separate segregated fund or party committee. (i.e., nonconnected committee)

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 accounts (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 proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C _____

C _____

Write or Type Committee Name

Lead Locally PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Hall, Mo, Rudick, ,

Mailing Address 1110 N Virgil Ave

#375

Los Angeles

CA

90029

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number 310 - 929 - 0276

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Stanger, Howie, , ,

Mailing Address 1110 N Virgil Ave

#375

Los Angeles

CA

90029

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 310 - 929 - 0276

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. 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, Depository, etc.

Amalgamated Bank

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

1825 K St NW

[Empty grid for Mailing Address line 2]

Washington DC 20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Jane Fonda Climate PAC

ADDRESS (number and street)

600 Pennsylvania Ave SE

(Check if address is changed)

Unit 15180

Washington

CITY

DC

STATE

20003

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

reporting@capcompliance.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

janePAC.com

2. DATE

01 / 09 / 2023

3. FEC IDENTIFICATION NUMBER

C C00806893

4. IS THIS STATEMENT

X

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Halfon, Jay, . .

Signature of Treasurer

Halfon, Jay, . .

[Electronically Filed]

Date

01 / 09 / 2023

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 Use Only

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

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

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 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 separate segregated fund or party committee. (i.e., nonconnected committee)
 - 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 accounts (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 proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C _____

C _____

Write or Type Committee Name

Jane Fonda Climate PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Myles, Joshua, , ,

Full Name

Mailing Address

600 Pennsylvania Ave SE

#15180

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

202

544

6960

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Halfon, Jay, , ,

Mailing Address

600 Pennsylvania Ave SE

#15180

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

202

544

6960

Full Name of Designated Agent

Rowe, Daniel, , ,

Mailing Address

600 Pennsylvania Ave SE

#15180

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

202

544

6960

9. 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, Depository, etc.

Amalgamated Bank

Mailing Address

1825 K St NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲