

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

Joseette

NICKNAME LAST SUFFIX

Cruz Hinojosa

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1225 W Washington Brownsville, TX
78520

Change of Address

6 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 466-4046

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

GT Gloria

NICKNAME LAST SUFFIX

Thomas

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

3735 Torres Rd. Unit B Brownsville TX 78520

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(956) 734-6148

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
3 / 26 / 2024 THROUGH 4 / 24 / 2024

11 ELECTION

ELECTION DATE

Month Day Year
5 / 4 / 2024

ELECTION TYPE

- Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

BND Commissioner Place 5

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

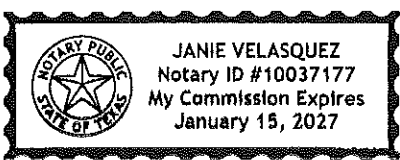
| | | |
|-------------------------|---|--|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 19.33 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 10,496.67 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 1,046.95 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,449.56 |
| 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Josefette Angelique Cruz this the 26th day of April, 2024, to certify which, witness my hand and seal of office.

[Signature] Janie Velasquez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

| | | | |
|-----|-------------------------------------|--|--------------|
| 1. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 57,255.82 |
| 2. | <input checked="" type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 3,221.52 |
| 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 | \$ 2,402.61 |
| 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

Josette Cruz Hinojosa

3 Filer ID (Ethics Commission Filers)

4 Date

3/28/24

5 Full name of contributor

Bekah Hinojosa

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address; Apt 15004 City; State; Zip Code

[REDACTED] Brownsville TX 78521

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/28/24

Full name of contributor

Rebeca Arjona

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

[REDACTED] McAllen TX 78504

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/24

Full name of contributor

Gerardo Ruiz

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

[REDACTED] Brownsville TX 78520

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/24

Full name of contributor

Jane Fonda Climate PAC

out-of-state PAC (ID#: **C00806893**)

Amount of contribution (\$)

\$2,000.00

Contributor address; City; State; Zip Code

[REDACTED] Washington, D.C 20003

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: 12 |
| 2 FILER NAME Josette Cruz Hinojosa | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/4/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nansi Guevara | 7 Amount of contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code [Redacted] Brownsville TX 78521 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/7/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin Schneider | Amount of contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code [Redacted] Austin TX 78704 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Redmon | Amount of contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code [Redacted] Temple, FL, 33617 Terrace | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Wilder | Amount of contribution (\$) \$5.00 |
| Contributor address; City; State; Zip Code [Redacted] Garland TX 75043 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 12 |
| 2 FILER NAME Joseette Cruz Hinojosa | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connie Stover | 7 Amount of contribution (\$) \$3.83 |
| 6 Contributor address; City; State; Zip Code [Redacted] Lancaster OH, 43130 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Rothstein | Amount of contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code [Redacted] Santa Rosa beach FL 32459 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arden Buck | Amount of contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code [Redacted] Nederland, CO, 80466 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaryaman Singhal | Amount of contribution (\$) \$11.00 |
| Contributor address; City; State; Zip Code [Redacted] Berkeley CA 94703 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 12

2 FILER NAME

Josette Cruz Hinojosa

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/
2024

5 Full name of contributor out-of-state PAC (ID#: _____)

Issac Ramirez

7 Amount of contribution (\$)

\$ 3.33

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/14/
2024

Full name of contributor out-of-state PAC (ID#: _____)

Oona Coy

Amount of contribution (\$)

\$ 1,000

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/
2024

Full name of contributor out-of-state PAC (ID#: _____)

Lynne Nittler

Amount of contribution (\$)

\$ 10.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15/
2024

Full name of contributor out-of-state PAC (ID#: _____)

Martina Nicholson

Amount of contribution (\$)

\$ 9.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 12 |
| 2 FILER NAME Josette Cruz Hinojosa | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane McCamey | 7 Amount of contribution (\$) \$1.66 |
| 6 Contributor address; City; State; Zip Code [Redacted] La Center WA, 98629 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann McNeal | Amount of contribution (\$) \$9.00 |
| Contributor address; City; State; Zip Code [Redacted] Pelham MA 1002 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry DeWitt | Amount of contribution (\$) \$3.00 |
| Contributor address; City; State; Zip Code [Redacted] Cypress, TX, 77433 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Zupan | Amount of contribution (\$) \$9.00 |
| Contributor address; City; State; Zip Code [Redacted] Eugene OR 97405 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **12**

2 FILER NAME **Josette Cruz Hinojosa**

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Joanne Witty

7 Amount of contribution (\$)

\$500

6 Contributor address; City; State; Zip Code
[Redacted] **Bedford Hills NY**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/15/2024

William G. Pigman
Contributor address; City; State; Zip Code
[Redacted] **St. Petersburg FL 33704**

\$9.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/15/2024

Roger Derrough
Contributor address; City; State; Zip Code
[Redacted] **Weaver-ville NC 28787**

\$9.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/15/2024

Michael Kieschnick
Contributor address; City; State; Zip Code
[Redacted] **Palo Alto CA 94301**

\$27.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME **Joseette Cruz Hinojosa** 3 Filer ID (Ethics Commission Filers)

| | | |
|----------------------------|--|--|
| 4 Date 4/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Brickman | 7 Amount of contribution (\$) \$9.00 |
| | 6 Contributor address; City; State; Zip Code [Redacted] Needham, MA, 2494 | |

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

| | | |
|--------------------------|---|--|
| Date 4/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ernest Crider | Amount of contribution (\$) \$1.00 |
| | Contributor address; City; State; Zip Code [Redacted] Meeker, CO 81461 | |

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

| | | |
|--------------------------|--|---|
| Date 4/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shari Lawson | Amount of contribution (\$) \$27.00 |
| | Contributor address; City; State; Zip Code [Redacted] La Jolla, CA 92037 | |

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

| | | |
|--------------------------|---|---|
| Date 4/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robing Laughlin | Amount of contribution (\$) \$27.00 |
| | Contributor address; City; State; Zip Code [Redacted] Needham, MA, 2494 | |

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: **12**

2 FILER NAME **Josette Cruz Hinojosa**

3 Filer ID (Ethics Commission Filers)

4 Date
4/15/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Roberta Chan

7 Amount of contribution (\$)
\$ 5.00

6 Contributor address; City; State; Zip Code
[Redacted] **Gualala CA 95445**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/15/2024

Full name of contributor out-of-state PAC (ID#: _____)
Hillary Reeves

Amount of contribution (\$)
\$ 10.00

Contributor address; City; State; Zip Code
[Redacted] **Minneapolis MN 55401**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/15/2024

Full name of contributor out-of-state PAC (ID#: _____)
Adriane Underwood

Amount of contribution (\$)
\$ 9.00

Contributor address; City; State; Zip Code
[Redacted] **St. Louis MO 63118**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/15/2024

Full name of contributor out-of-state PAC (ID#: _____)
Racheal Devesare

Amount of contribution (\$)
\$ 8.33

Contributor address; City; State; Zip Code
[Redacted] **Nashua NH 3062**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 12 |
| 2 FILER NAME Josefite Cruz Hinojosa | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/15/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Connolly | 7 Amount of contribution (\$) \$ 9.00 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Kensington CA 94707 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tammy Allyn | Amount of contribution (\$) \$ 6.66 |
| Contributor address; City; State; Zip Code [REDACTED] Spokane WA 99203 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynda Bowen | Amount of contribution (\$) \$ 3.00 |
| Contributor address; City; State; Zip Code [REDACTED] Richmond CA 94805 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rita Barouch | Amount of contribution (\$) \$ 20.00 |
| Contributor address; City; State; Zip Code [REDACTED] Florence SC 29501 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 12 |
| 2 FILER NAME Joseette Cruz Hinojosa | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Smith | 7 Amount of contribution (\$) \$9.00 |
| 6 Contributor address; City; State; Zip Code [Redacted] Bayside Florence GA SC 29501 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chip Sharpe | Amount of contribution (\$) \$9.00 |
| Contributor address; City; State; Zip Code [Redacted] Bayside CA 95524-9301 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William M Majors III | Amount of contribution (\$) \$8.33 |
| Contributor address; City; State; Zip Code [Redacted] Oklahoma City OK 73120 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucinda Huggins | Amount of contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code [Redacted] Schenectady NY 12309 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 12 |
| 2 FILER NAME Josefite Cruz Hinojosa | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Slater | 7 Amount of contribution (\$) \$3.33 |
| 6 Contributor address; _____ City; New York State; Zip Code | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore Chase Jr. | Amount of contribution (\$) \$9.00 |
| Contributor address; _____ City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fauaz Anwar | Amount of contribution (\$) \$33.34 |
| Contributor address; _____ City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniella Mawero Hi | Amount of contribution (\$) \$33.34 |
| Contributor address; _____ City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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MONETARY POLITICAL CONTRIBUTIONS

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| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 12 |
| 2 FILER NAME Josette Cruz Hinojosa | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Hinojosa | 7 Amount of contribution (\$) \$ 90.00 |
| | 6 Contributor address; City; State; Zip Code [Redacted] Brownsville TX, 78526 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Brady | Amount of contribution (\$) \$16.67 |
| | Contributor address; City; State; Zip Code [Redacted] Chicago, IL, 60640 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lutz | Amount of contribution (\$) \$ 4.00 |
| | Contributor address; City; State; Zip Code [Redacted] Woodstock GA, 30188 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/18/2024 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00806893) Jane Fonda PAC | Amount of contribution (\$) \$ 2,000.00 |
| | Contributor address; City; State; Zip Code [Redacted] Washington DC 2003 | |
| 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: | |
| 2 FILER NAME <i>WRAOR</i> Josette Cruz Hinojosa | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 3,221.52 | |
| 5 Date | 6 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>CO0874032</u>) <i>Lead locally PAC</i> | 8 Amount of Contribution \$ <i>1,073.23</i> <i>200.50</i> <i>1,947.79</i> | 9 In-kind contribution description <i>Voter Contact</i> <i>Email list rental</i> <i>staff time</i> |
| 7 Contributor address; City; State; Zip Code <i>LOS ANGELES CA 90029</i> | | <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: | 2 FILER NAME Brand Boosters | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/15/2024 | 5 Payee name Brand Boosters Co LLC | |
| 6 Amount (\$) \$405.94 | 7 Payee address; City; State; Zip Code 3607 S. Ln. McAllen TX 78501 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Yard Signs, flyers |
| | (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: 4/18/2024 Payee name: Amount (\$): 200.00 Payee address; City; State; Zip Code: Category (See Categories listed at the top of this schedule): Description: Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date: 4/22/2024 | | |
| Payee name: Marlon Duran | | |
| Amount (\$): \$300.00 | Payee address; City; State; Zip Code: 2416 Quince Ave. McAllen TX 78501 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | Description labor for campaign services |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Candidate / Officeholder name Office sought Office held | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: | 2 FILER NAME Ali Schmidt Joseette Cruz Hinojosa | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name Ali Schmidt | | | |
| 6 Amount (\$) \$666.67 | 7 Payee address; | City; | State; | Zip Code |
| | 410 N 17th St. | McAllen | TX | 78520 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| | Contract Labor | labor for campaign services | | |
| | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | | | | |
| | Candidate / Officeholder name | | Office sought | Office held |
| Date | Payee name Gloria Thomas | | | |
| Amount (\$) \$333.33 | Payee address; | City; | State; | Zip Code |
| | 3735 Torres Rd. Unit B | Brownsville | TX | 78520 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | |
| | Contract Labor | labor for campaign services | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> 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 |
| Date | Payee name Denisee Palacios | | | |
| Amount (\$) \$500 | Payee address; | City; | State; | Zip Code |
| | Denisee Palacios 4105 Old Hwy 77. Apt A | Brownsville | TX | 78520 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | |
| | Contract Labor | Labor for Campaign Services | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> 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 NEEDED

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: | 2 FILER NAME Joseette Cruz Hinojosa | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--|---------------------------------------|

| | |
|--------|-----------------------------------|
| 4 Date | 5 Payee name Dina Nunez |
|--------|-----------------------------------|

| | | | | |
|----------------------------------|--|-----------------------------|---------------------|--------------------------|
| 6 Amount (\$) \$196.67 | 7 Payee address; 915 Calle Fresnal | City; Brownsville | State; TX | Zip Code 78521 |
|----------------------------------|--|-----------------------------|---------------------|--------------------------|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | (b) Description labor for campaign services |
| | (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 <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 |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| 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 <u>ONLY</u> 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 #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 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 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.

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]

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]

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]

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 DC 20003
 CITY STATE 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 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.

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

Empty grid lines for organization name.

Mailing Address

Empty grid lines for 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

Empty grid lines for 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).

Halfon, Jay, , ,

Full Name of Treasurer

Empty grid lines for full name of treasurer.

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