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 pag	es filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI OFF	FICE USE ONLY
NAME	NICKNAME LAST SUFFIX Cruz Hinojosa	ENVER
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1225 W Washington Brownsville, TX 18520 BY:	2 6 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	(956) 466 - 4046 4 24	ivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	HS/MRS/MR FIRST MI Glonia Date Processed	, i
	NICKNAME LAST SUFFIX Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE 3735 Torres Rd. Unit B Brownsville T)	NAME OF THE PROPERTY OF THE PR
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 734-6148	
9 REPORT TYPE	treasu	lay after campaign rer appointment sholder Only)
	July 15 8th day before election Exceeded Modified Reporting Limit Final F	Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day 3 / 26 / 2024 THROUGH 4/24 / 2	Year 2024
11 ELECTION	ELECTION DATE Month Day Year Frimary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) BND Commissioner P	lace 5
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE COMMITTEE TYPE COMMITTEE NAME	EHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS	10
£.	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	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	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL	ICAL CONTRIBUTIONS (OTHER ARANTEES OF LOANS, OR ECTRONICALLY)	R THAN	\$ 19.33
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, Le	RIBUTIONS DANS, OR GUARANTEES OF LO	DANS)	\$ 10,496.67
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.		\$ 1,046.95
	4. TOTAL POLITICAL EXPE	NDITURES		\$ 3,449.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF TH	HE LAST DAY	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS ING PERIOD	AS OF THE	\$
	Please com	plete either option be	elow:	
	Please com	plete either option be	elow:	
(1) Affidavit	JANIE VELASQUEZ Notary ID #10037177 My Commission Expires January 15, 2027			
NOTARY STAMP/SEAL	_		-16	
	efore me by Josette Angelique	Cru z this	the 26	day of April .
20 24 , to certify w	hich, witness my hand and seal of office.	Velasgire z	Nota	ny Public
Signature of officer administerio		fficer administering oath	***************************************	Title of officer administering oath
		OR		
(2) Unsworn Declaratio	1			
			rth is	·
My address is	(etroot)			
Executed in	(street)County, State of	(city) , on the day of (r	(state) (z month)	rip code) (country) , 20 (year)
				poldor (Dodoront)

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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s \$7,255 82
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,721.52
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$ 2,402.61
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNE	os \$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	SUSINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$

SCHEDULE A1

The instruction dutice explains now to complete this form.		1 Total pages Schedule A1:
Date 5 Full name of contributor out-of-state PAC (IDIR:	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
Bekan Hinajosa 6 Contributor address; Apt Isoa City; State; Zip Code Brownsville TX 78521 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Brownsville TX 18504 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Brownsville TX 18504 Principal occupation / Job title (See Instructions) Date State: Zip Code Brownsville TX 18520 State: Zip Code Brownsville TX 18520 Principal occupation / Job title (See Instructions) Date Full name of contributor City: State: Zip Code Brownsville TX 18520 Principal occupation / Job title (See Instructions) Date Full name of contributor City: State: Zip Code Brownsville TX 18520 Amount of contribution (\$) Full name of contributor City: State: Zip Code Wachinston, D. C. 20003		3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Date Full name of contributor Reblica Arjona Contributor address; City; State; Zip Code McAllen TX 18504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Findipal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Gerardo Ruiz Contributor address; City: State; Zip Code Brownshille TX 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Full name of contributor Contributor address; City: State; Zip Code Brownshille TX 78520 Amount of contribution (\$) \$ 2,000.00 \$ 2,000.00	Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Rebeca Arjona Contributor address: City: State: Zip Code McAllen TX 18504 Principal occupation / Job title (See Instructions) Date Full name of contributor Brownsville TX 78520 Principal occupation / Job title (See Instructions) Date Full name of contributor Brownsville TX 78520 Principal occupation / Job title (See Instructions) Date Full name of contributor Brownsville TX 78520 Principal occupation / Job title (See Instructions) Date Full name of contributor Full name of contributor Tyout-of-state PAC (ID#:		\$100.00
Rebeca Arjona Contributor address: City: State: Zip Code McAllen TX 18504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Full name of contributor Contributor address: City: State: Zip Code Brownshille TX 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor If out-of-state PAC (ID#: C00806893) Jane Fonda Climate PAC Contributor address: City: State: Zip Code Wa(hinston, D.C 20003	· · · · · · · · · · · · · · · · · · ·	tions)
Contributor address; City; State; Zip Code \$ 35.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDN:		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) State; Zip Code Brownshile Tx 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) State; Zip Code Brownshile Tx 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Tane Fonda Climate PAC (ID#: C00806893) Amount of contribution (\$) \$ 2,000.00 Washinston, D.C 20003	100109	\$ 25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Gerardo Ruiz Contributor address; City; State; Zip Code Brownshile Tx 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Full name of contributor Gout-of-state PAC (ID#: C00806893) Jane Fonda Climate PAC Contributor address; City; State; Zip Code Wa(hinston, D.C 20003	McAllen TX 78504	
Gerardo Ruiz Contributor address; City; State; Zip Code Brownsville Tx 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Jout-of-state PAC (ID#: C00806893) Jane Fonda Climate PAC Contributor address; City; State; Zip Code Washinston, D.C 20003	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Contributor address; City; State; Zip Code Brownsnille TX 78520 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Jout-of-state PAC (ID#: C00806893) Jane Fonda Climate PAC Contributor address; City; State; Zip Code Wachinston, D.C 20003		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Jane Fonda Climate PAC Contributor address; City; State; Zip Code Wa(hinston, D.C 20003	,/29/24 Gerardo Ruiz	\$10.00
Date Full name of contributor Vout-of-state PAC (ID#: C00806893) Amount of contribution (\$) Jane Fonda Climate PAC Contributor address; City; State; Zip Code Wachinston, D.C 20003		710.00
Jane Fonda Climate PAC Contributor address; City; State; Zip Code Washinston, D.C 20003 **2,000.00	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Jane Fonda Climate PAC \$2,000.00 City; State; Zip Code Washinston, D.C 20003		Amount of contribution (\$)
	/1/24 Jane Fonda Climate PAC	\$2,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Wachinston, D.C 20003	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
		THE SECOND SECON

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME JOSE	He Cruz Hinojosa	3 Filer ID (Ethics Commission Filer
Date	5 Full name of contributor out-of-state PAC (ID#:	\$ 50.00
Principal occu	pation / Job title (See Instructions) 9 Empl	ployer (See Instructions)
Date 7 2024	Full name of contributor out-of-state PAC (ID#:	Zip Code \$25.00
Principal occup	pation / Job title (See Instructions) Empl	oloyer (See Instructions)
Date 2 2024		Amount of contribution (\$) J 5. 00 Zip Code F1, 33617
Principal occup		loloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: LAURA Wilder Contributor address; City; State; Garland TX	Zip Code \$ 5.00
Principal occup	eation / Job title (See Instructions) Empl	oloyer (See Instructions)

SCHEDULE A1

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

	ned mornization to not applicable, be not include this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 12
2 FILER NAME José	He Cruz Hinojosa	3 Filer ID (Ethics Commission Filers)
4 Date 4 12 2024	6 Contributor address; City; State; Zip Code Lanacky OH, 43180	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date 4/12/2024	Full name of contributor	Amount of contribution (\$)
(11-120-1	Contributor address; City; State; Zip Code Santa FL, 32459 Rosa beach	\$ 10.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	otions)
Date U 12 2024	Full name of contributor out-of-state PAC (ID#:) Arden Buck	Amount of contribution (\$)
11, 12	Contributor address: City: State; Zip Code Nederland, CO, 80466	\$ 1,000.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 4 14 12 2024	Full name of contributor out-of-state PAC (ID#:) Paryaman Singhal Contributor address; City; State; Zip Code	Amount of contribution (\$)
,	Berkeley CA 94703	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ations)

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: 12 2 FILER NAME		normalion to not applicable, po not mone		
Date Full name of contributor out-of-state PAC (ID#:	The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 12
Sac Ramires		ette Cruz Hinojasa		3 Filer ID (Ethics Commission Filers
Principal occupation / Job title (See Instructions) Date Full name of contributor Oona Coy Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) State: Zip Code State: Zip Cod	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:	7/13/			\$ 3.33
O ona Coy Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Lynne Nittlev Contributor address; City; State; Zip Code Full of contributor of contribution (\$) Lynne Nittlev Contributor address; City; State; Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
O ona Coy Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Lynne Ni + Hev Contributor address; City; State; Zip Code \$ 10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$ 10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$ 10.00 Principal occupation / Job title (See Instructions) Amount of contribution (\$) ### Amount of contribution (\$) ### Amount of contribution (\$) #### Amount of contribution (\$)				,
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Lynne Niffler Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) Marfing Nicholson Contributor address; City; State; Zip Code 19.00	Date	Full name of contributor	·	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Lynne Niftlev Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:	, -		late; Zip Code	91,000
Date Full name of contributor out-of-state PAC (ID#:	2024		MARK PARTY AND P	
U/IS/ 2024 Contributor address; City; State; Zip Code \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
U/IS/ 2024 Contributor address; City; State; Zip Code \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:				TO THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRES
Contributor address; City; State; Zip Code \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) U/IF/ Marting Nicholson Contributor address; City; State; Zip Code \$9.00	Date			Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	u /15/	***************************************		#10 00
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) U/IF/ Marting Nicholson Contributor address; City; State; Zip Code 49.00	2024	Contributor address; City; St	ate; Zip Code	\$ (0.00
4/15/ Martina Nicholson Contributor address; City; State; Zip Code 19.00	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
4/15/ Marting Nicholson Contributor address; City; State; Zip Code 19.00	Data			
2024 Contributor address; City; State; Zip Code 9 9.00		Control and the figure)	Amount of contribution (\$)
	•		rate: Zin Code	1900
Principal occupation / Job title (See Instructions) Employer (See Instructions)	2024	Contributor address, City, Si	ate, zip code	3 1.00
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

1 1 1 1	Instruction Guide explains how to comple	te this form.	1 Total pages Schedule A1:
	-		2 Elle ID (Elle ID)
FILER NAME	sette Cruz Hinojosa		3 Filer ID (Ethics Commission Filers
Date 4/15/		ate PAC (ID#:)	7 Amount of contribution (\$)
2024	6 Contributor address; City;	State: Zip Code Inter WA, 98629	4 (. 44
Principal occi	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
4/15/	Contributor address; City;	State; Zip Code	9 9.00
2024	Pelh		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
4 15/	Larry Dewitt		
2024	Contributor address; City;	State; Zip Code Lypuss, TX, 77433	\$3.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date		ate PAC (ID#:)	Amount of contribution (\$)
1 1	Full name of contributor out-of-str	ate PAC (ID#:)	
1 1		State; Zip Code	Amount of contribution (\$)
1/15/ 2024	David 2upan Contributor address; City;	State; Zip Code	\$ 9.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

	ested information is not applicable, DO NOT in	cidde tins page in the	
The	e Instruction Guide explains how to complete this	i form.	1 Total pages Schedule A1: 12
2 FILER NAME	Josette Cruz Hinojosa		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
2024	6 Contributor address; City; Bedford HIII	State; Zip Code	\$ 500
8 Principal occu	cupation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	; (lb#:)	Amount of contribution (\$)
4/15/ 2024	William G. Pigman Contributor address; City; St.	State; Zíp Code	\$9.00
	Petersburg upation / Job title (See Instructions)	FL 33704 Employer (See Instruction	lons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/15/	Roger Derrough	State; Zip Code	19.00
2024	weaver- ville	NC 28787	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		C (ID#:)	Amount of contribution (\$)
4/15/ 2024	Micheal Kieschnick Contributor address; City; Pale Attention	State; Zip Code	\$ 27.00
Principal occur	upation / Job title (See Instructions)	Employer (See Instruction	ons)
	(Yearne Market Laboratory Company)	W#.855-1.	

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
² FILER NAME Josette Cruz Hinojosa	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
4/15/ Susan Brickman	19.00
2024 6 Contributor address; City; State; Zip Code	* (1.5)
Needham, MA, 2494	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	itions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
u/15/ Ernest Crider	4 1.00
Contributor address; City; State; Zip Code 2024 Mc-Lkur, CO 81461	3 1.00
MEERCI, CO SINOI	
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor	Amount of contribution (\$)
uliel Shari Lawson	
u 15 Shari Lawson Contributor address; City; State; Zip Code	927.00
2024 La Tolla, (4 92037	
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4 15 Robing Laughlin	400
Contributor address; City; State; Zip Code	\$27.00
2024 Need ham, MA, 2494	
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
	;
THE STATE OF THE S	

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: 12
2 FILER NAME	Josette Cruz Hinojosa	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Roberta Chan	7 Amount of contribution (\$)
2024	6 Contributor address; City; State; Zip Code Gualala CA 95445	\$ 5.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
4 15	Hillary Reeves Contributor address: City; State; Zip Code	\$ 10.00
2024	Minneapolis MN 55401	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
4/15/	Contributor address; City; State; Zip Code State: A Loiu Mo 4418	\$ 9.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
2024	Contributor address: City; State; Zip Code Nashua NH 3062	\$ 8.33
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
		ARTHURAN L. R. J.

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.

	nstruction Guide explains how to c	omplete this t	form.		1 Total pages Schedule A1: /2
FILER NAME	Josette Cruz H	(inojosa			3 Filer ID (Ethics Commission Filers
Date 4 / 15 /	Joan Connolly	out-of-state PAC (ID#:) Zip Code	7 Amount of contribution (\$)
2024	6 Contributor address;	Kenisington		94707	
Principal occup	eation / Job title (See Instructions)	5) Empl	byer (See Instruc	ions)
Date	Full name of contributor	out-of-state PAC (ID#:		Amount of contribution (\$)
4 /15/	Tammy Allyn				61 1.10
2024	Contributor address;	City; Spokane	State;	Zip Code 91 203	\$6.66
Principal occupa	ation / Job title (See Instructions)		Emple	oyer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
4/16/	Lynda Bowen				4200
2024	Contributor address;	city; 4'chmand	State;	Zip Code 94865	\$ 3.00
Principal occupa	ation / Job title (See Instructions)		Emple	oyer (See Instruct	lons)
Date	Full name of contributor	out-of-state PAC (ID#:		Amount of contribution (\$)
4/16/	Rita Barouch				\$ 20.00
2024	Contributor address;	city; Florence		Zip Code 2950 I	1 20.00
Principal occupa	ation / Job title (See Instructions)		Emple	oyer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

The	e Instruction Guide explains how t	to complete this	form.		1 Total pages Schedule A1: 12
? FILER NAME	Josette Cruz H	linojosa			3 Filer ID (Ethics Commission Filers
l Date	5 Full name of contributor Ed Smi+N 6 Contributor address;	City;	State; Z	2ip Code 29 50 I	7 Amount of contribution (\$)
Principal occu	upation / Job title (See Instructions)	plovence	SC	er (See Instruct	ions)
Date	Full name of contributor Chip Sharpe	oul-of-state PAC	; (ID#:		Amount of contribution (\$)
	Contributor address;	city; 3ay Side	CA	Zip Code 95524 - 9301	J (
				1>01	
Principal occu	pation / Job title (See Instructions)			er (See Instruct	ions)
Principal occup	Full name of contributor William M Majo	out-of-state PAC	Employe	er (See Instructi	Amount of contribution (\$)
	Full name of contributor	City: Oktahoma	Employe	er (See Instructi	
Date	Full name of contributor William M Majo	Ors III	Employs c (ID#:	er (See Instruct	Amount of contribution (\$)
Date	Full name of contributor William M Majo Contributor address:	City; OKlahoma City	Employe State; Z OK Employe	ip Code 73120 er (See Instruct	Amount of contribution (\$)

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 dio requee	ned information is not applicable, DO NOT include	c and page in the repe	,
The	Instruction Guide explains how to complete this for	1. 1	Total pages Schedule A1: 12
! FILER NAME	Josette Cruz Hinojosa	3	Filer ID (Ethics Commission Filers)
Date 4/17/ 2024	5 Full name of contributor out-of-state PAC (ID#: 5 Nei A Slater 6 Contributor address: City; St New Yorle	ate; Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)	
1/18/ 2024	Full name of contributor out-of-state PAC (ID#: Theodore Chase Jr. Contributor oddroos: City; Si	ate; Zip Code	Amount of contribution (\$)
Principal occup	etion / Job title (See Instructions)	Employer (See Instructions)	
Date 4 18 2024	Full name of contributor	ate; Zip Code	Amount of contribution (\$)
Principal occur	eation / Job title (See Instructions)	Employer (See Instructions)	
Date 4 18 2024	Full name of contributor out-of-state PAC (ID#: Daniella Mawero Hi Contributor address; City; Si	ate; Zip Code	Amount of contribution (\$)
Principal occup	ation / 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 iiio roquot	accumon a not applicable, DO NOT metude this page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 12
2 FILER NAME	Josette CMZ Hinojosa	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Jessica Hinajosa 6 Contributor address; City; State; Zip Code 8 rownshile TX, 78526	\$ 90.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Sheila Brady Contributor address; City; State; Zip Code Chicago, 11,60640	\$16.67
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code Wood Stock GA. 30188	\$4.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	dons)
7/18/ 2024	Full name of contributor Jane Fonda PAC Contributor address; City; State; Zip Code Washington DC 2003	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Tf	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAM	Josette Cruz Hinojosa		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 3,221.52
5 Date	6 Full name of contributor Sout-of-state PAC (ID#:C008) Lead locally PAC		8 Amount of 9 In-kind contribution Contribution \$ description 1,073.23 Voter Contact 200.50 Email list rental
	7 Contributor address; City; State;	Zip Code	1.007 96
	Los Angeles	<i>CP</i> 4	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	or (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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)	Amount of In-kind contribution Contribution description
	Contributor address; City; State;	Zip Code	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)		
	- Province and a second		

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expenses the Expense)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categ	louk uot listed apove)
1 Total pages Schedule F1:	2 FILER NAME Branch Boshers		3 Filer ID (Ethic	cs Commission Filers)
4 Date 4 /15 /2024	Brand Boosters (o L	LC		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$405.94	3607 S. Un.	McAller	n TX	78501
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Yard Sig	ns, flye	ь
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
4/18/2024	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				_
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	WTTAGESTELL .	Office held
Date	Payee name			
4/22/2024	Marlon Duran			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$300.00	2416 Quince Ave.	McAllen	Tx	78501
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	services	Campai	<i>'91</i>
	Check if travel outside of Texas. 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	. 11117 3 11111 11111 11111	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

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/Officeholder/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 Selaries/Weges/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
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 All Schmidt Josette (Cruz Hinojosa	Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name Aly Schmidt			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$666.67	410 N 17th St.	McAllen	ΤX	78520
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		- · .
PURPOSE OF EXPENDITURE	Contract Lubor	labor for # Service		ign
	(c) Check if Iravel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name Gloria Thomas			
Amount (\$)	Payee address;	City;	State;	Zlp Code
\$ 333.33	3735 Torres Rd. Uni+B	Brownsville	TX	78520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	labor for services	campai	'gn
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	g 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 (\$)	Payee address;	City;	State;	Zip Code
\$ 500	Denisco Patarios 4105 Old Hwy 77. Apt A	Brownsuille	TX	78520
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Services	Campa	ign
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDF	 ED	WITH THE PROPERTY OF THE PROPE

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/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politics Credit Card Payment	al Committee Legal Services Saleries. The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	² FILER NAME Josette Cruz t	tinojosa	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Dina Nunez		
6 Amount (\$) \$196.67	7 Payee address; 915 Calle Fusnal	Brownsn'll	State; Zip Code 7X 78521
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Labor for Services	campaign
9 Complete ONLY if direct expenditure to benefit C/OF	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, Office sought	TX, officeholder living expense 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,	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	
	Check if travel outside of Texas. 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 NEED	ED

FEC FORM 1

Use

Only

STATEMENT OF

PAGE 1/4

ORGANIZATION Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lead Locally PAC 1110 N Virgil Ave ADDRESS (number and street) #375 (Check if address is changed) Los Angeles 90029 CITY ▲ STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address LeadLocally@leftledger.co is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 21 2024 2. C00874032 FEC IDENTIFICATION NUMBER > 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, ⊕D Ř1 D Signature of Treasurer Stanger, Howie, , 03 21 2024 Date 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

Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

					tansar.
	1 (Revised 03/2022)		,		Page 2
	OF COMMITTEE:				
	date Committee:				
(a)	This committee is a principal campa	aign committee. (Complete the	ne candidate inf	ormation below.)	
(b)	This committee is an authorized cor information below.)	mmittee, and is NOT a princ	ipal campaign c	committee. (Complete t	he candidate
Name Candi	1				
Candi			1000 1 1 2		State
Party	Affiliation Sou	ight: House	Senate	President	District
(c)	This committee supports/opposes or	nly one candidate, and is N	OT an authorize	d committee.	A _s - Le restaux
Non	ne of				
	and a			1 1 1 1 1	
		TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	The second secon	от выполнения выбория потель бетте предведения предведения в в в в в в в в в в в в в в в в в в в	in an ann an ann an ann an ann an an an a
Party	Committee:	(National, State	j - ***	(Democrat	ic
(d)	This committee is a	or subordinate) committee	of the		n, etc.) Party
Politic	of Action Committee (BAC)				
(e)	al Action Committee (PAC): This committee is a separate segrec	vated fund (Idantify connect	tod organization	on line C) He connect	
(> /	This committee is a separate segret	gated Idria, (identity confiect	ed Olganization	on line 6.) as connect	ed organization is a
	Corporation	Corporation w/o	Capital Stock	Labor	Organization
	Membership Organization	Trade Associatio	n	Сооре	rative
	In addition, this committee	is a Lobbyist/Registrant PA	.C.		
(f) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	This committee supports/opposes m committee. (i.e., nonconnected comm		date, and is NO	T a separate segregat	ed fund or party
	In addition, this committee	is a Lobbyist/Registrant PA	.C.		
	In addition, this committee	is a Leadership PAC. (Iden	tify sponsor on	line 6.)	
(g) X	This committee is an independent ex	xpenditure-only political com	mittee (Super P	AC).	
1000.00	In addition, this committee	is a Lobbyist/Registrant PA	.C.		
(h)	This committee is a political committee	ee with both contribution an	nd non-contributi	on accounts (Hybrid F	AC).
	In addition, this committee	is a Lobbyist/Registrant PA	C.		
Joint F	undraising Representative:				
(i)	This committee collects contributions committees/organizations, at least or				or more political
(i)	This committee collects contributions committees/organizations, none of wi				or more political
Com	mittees Participating in Joint Fundrai	ser			
				a merendy hydrosom meren vegets grad	to the transfer of the transfer of the sections

Telephone number

STATEMENT OF **ORGANIZATION**

PAGE 1/4

FEC FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 over the lines. is changed) COMMITTEE (in full) Jane Fonda Climate PAC 600 Pennsylvania Ave SE ADDRESS (number and street) Unit 15180 (Check if address is changed) 20003 Washington STATE A ZIP CODE A CITY ▲ 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) ď í) 2023 01 09 DATE C00806893 FEC IDENTIFICATION NUMBER ▶ X 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 A. S. A. S. A. S. 01 09 2023 Halfon, Jay, , , [Electronically Filed] 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: Federal Election Commission
Use			Toll Free 800-424-9530
Only			 Local 202-694-1100

Name of Candidate

Candidate

Name of Candidate

(c)

(f)

(h) [x:

Committees Participating in Joint Fundraiser

i	FEC Form	1 (Revised 02/2009)	l Page 3
٧	Vrite or Type Com	nittee Name	
	Jane Fo	nda Climate PAC	
6.		onnected Organization, Affiliated Committee, Joint Fundraising Representativ	ve, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
			L
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization Joint Fundraising Represe	entative Leadership PAC Sponsor
7.	Custodian of Re books and recor	cords: Identify by name, address (phone number optional) and position of the perds.	son in possession of committee
		Myles, Joshua, , ,	
	Full Name		
	Mailing Address	600 Pennsylvania Ave SE	
		#15180 	
		Washington	20003
		CITY ▲ STATE A	▲ ZIP CODE ▲
	Title or Position	▼	
	Custodian of Rec	ords Telephone number	202 544 - 6960
3.		he name and address (phone number optional) of the treasurer of the committagent (e.g., assistant treasurer).	ee; and the name and address of
	Full Name	Halfon, Jay, , ,	
	of Treasurer		
	Mailing Address	600 Pennsylvania Ave SE	
		#15180	
		Washington	20003
		CITY A STATE A	▲ ZIP CODE ▲
	Title or Position	*	
	Treasurer	Telephone number	202 544 6960

	vised 02/2009)		Page 4
Full Name of Row Designated Agent	ve, Daniel, , ,	<u> </u>	
Mailing Address	600 Pennsylvania Ave SE ,#15180		
	Washington	DC 1	20003
	CITY A	CTATE A	ZID CODE A
Title or Position ▼	CITY	STATE A	ZIP CODE ▲
Assistant Treasurer	Telepho	ne number 202	_ 544 _ 6960
Banks or Other Depo safety deposit boxes of	ositories: List all banks or other depositories in which the co or maintains funds.	ommittee deposits funds	s, holds accounts, rents
Name of Bank, Depos	itory, etc.		
۸.			
An	nalgamated Bank		
Mailing Address	naigamated Bank		
ll.	1825 K St NW		
ll.			
ll.	1825 K St NW	DC 2	0006 ZIP CODE A
ll.	1825 K St NW Washington CITY	AS. O.	
Mailing Address Name of Bank, Depos	1825 K St NW Washington CITY	STATE ▲	
Mailing Address Name of Bank, Depos	1825 K St NW Washington CITY A	STATE ▲	ZIP CODE ▲
Mailing Address Name of Bank, Depos	1825 K St NW Washington CITY itory, etc.	STATE ▲	ZIP CODE A
Mailing Address Name of Bank, Depos	1825 K St NW Washington CITY itory, etc.	STATE A	ZIP CODE ▲