

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation CLIMATE REALITY ACTION FUND		3. FEC Identification Number C C90017088
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 555 11TH STREET NW STE 601		
(c) City, State and ZIP Code WASHINGTON DC 20004		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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5. COVERING PERIOD:

FROM

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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THROUGH

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	1280.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Jenkins, David, , ,	Jenkins, David, , ,	10/26/2022

[Electronically Filed]

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CLIMATE REALITY ACTION FUND

Full Name (Last, First, Middle Initial) of Payee THB Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2022	
Mailing Address 6543 S Las Vegas Blvd		Amount 384.00	
City Las Vegas	State NV	Zip Code 89119	Transaction ID : F57.4161
Purpose of Expenditure GOTV campaign management services	Category/Type 007	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 03
Name of Federal Candidate Supported or Opposed by Expenditure: LEE, SUSIE, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 200490.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee THB Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2022	
Mailing Address 6543 S Las Vegas Blvd		Amount 256.00	
City Las Vegas	State NV	Zip Code 89119	Transaction ID : F57.4162
Purpose of Expenditure GOTV campaign management services	Category/Type 007	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: 04
Name of Federal Candidate Supported or Opposed by Expenditure: HORSFORD, STEVEN ALEXZANDER, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 133660.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee THB Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2022	
Mailing Address 6543 S Las Vegas Blvd		Amount 640.00	
City Las Vegas	State NV	Zip Code 89119	Transaction ID : F57.4163
Purpose of Expenditure GOTV campaign management services (Estimated)	Category/Type 007	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CORTEZ MASTO, CATHERINE, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 334150.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1280.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1280.00