

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 / /

5. COVERING PERIOD: FROM / / THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 1544.81

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, , ,	11/03/2022
	<i>[Electronically Filed]</i>	

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5N
Transaction ID :

No receipts to report

Form/Schedule:
Transaction ID:

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CLIMATE REALITY ACTION FUND

Full Name (Last, First, Middle Initial) of Payee ADP		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2022	
Mailing Address 1 ADP Boulevard		Amount 55.04	
City Roseland	State NJ	Zip Code 07068	
Purpose of Expenditure Staff time spent on Door to Door GOTV		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 336869.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4194

Full Name (Last, First, Middle Initial) of Payee THB Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2022	
Mailing Address 6543 S Las Vegas Blvd		Amount 800.00	
City Las Vegas	State NV	Zip Code 89119	
Purpose of Expenditure GOTV campaign management services		Category/ Type 007	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 336125.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4188

Full Name (Last, First, Middle Initial) of Payee THB Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2022	
Mailing Address 6543 S Las Vegas Blvd		Amount 689.77	
City Las Vegas	State NV	Zip Code 89119	
Purpose of Expenditure GOTV campaign management services		Category/ Type 007	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 336814.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4189

(a) SUBTOTAL of Itemized Independent Expenditures.....	1544.81
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1544.81