

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Defend the Dream

ADDRESS (number and street) 777 S. Figueroa St. Ste. 4050 Los Angeles CA 90017
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00771238
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2024 through 01 / 31 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Kaufman, Stephen, , ,

Signature of Treasurer Kaufman, Stephen, , , Date 02 / 20 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Defend the Dream

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		235755.55
(b) Cash on Hand at Beginning of Reporting Period.....	235755.55	
(c) Total Receipts (from Line 19) .....	32500.00	32500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	268255.55	268255.55
7. Total Disbursements (from Line 31).....	36269.29	36269.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	231986.26	231986.26
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	3.10	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Defend the Dream

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14000.00	14000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14000.00	14000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	18500.00	18500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	32500.00	32500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	32500.00	32500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	32500.00	32500.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	33769.29	33769.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	33769.29	33769.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2500.00	2500.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36269.29	36269.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36269.29	36269.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32500.00	32500.00
34. Total Contribution Refunds (from Line 28(d)) .....	2500.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30000.00	30000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	33769.29	33769.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33769.29	33769.29

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Defend the Dream**

**A. Aguilera, Esther, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 624 Potomac Ave  
 City Silver Spring State MD Zip Code 20910-5219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 22 / 2024**  
**Transaction ID : 17895784**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. Actblue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 366 Summer St  
 City Somerville State MA Zip Code 02144-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 14000.00

Date of Receipt **01 / 28 / 2024**  
**Transaction ID : 17895784E**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Bayliss, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3214 Klingle Rd NW  
 City Washington State DC Zip Code 20008-3403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grayling Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 31 / 2024**  
**Transaction ID : 17895791**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 \* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Defend the Dream**

**A. Actblue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 366 Summer St  
 City Somerville State MA Zip Code 02144-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 14000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2024  
**Transaction ID : 17895791E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**B. Gresham, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7920 Orchid St NW  
 City Washington State DC Zip Code 20012-1134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Mindset Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2024  
**Transaction ID : 17895789**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**C. Actblue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 366 Summer St  
 City Somerville State MA Zip Code 02144-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 14000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2024  
**Transaction ID : 17895789E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Defend the Dream**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kalin, Ian, , ,</b>			Date of Receipt MM / DD / YYYY 01 / 25 / 2024
Mailing Address 563 18th Ave			<b>Transaction ID : 17895787</b>
City San Francisco	State CA	Zip Code 94121-3110	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) TurbineOne Inc.		Occupation (for Individual) Technology	* Earmarked Contribution: See Below
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Actblue</b>			Date of Receipt MM / DD / YYYY 01 / 28 / 2024
Mailing Address 366 Summer St			<b>Transaction ID : 17895787E</b>
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual)		Occupation (for Individual) Conduit total listed in Agg. field	Note: Above Contribution earmarked through this organization.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Ledford, Michael, , ,</b>			Date of Receipt MM / DD / YYYY 01 / 22 / 2024
Mailing Address 3709 25th St N			<b>Transaction ID : 17895785</b>
City Arlington	State VA	Zip Code 22207-5011	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Lewis-Burke Associates LLC		Occupation (for Individual) Lobbyist	* Earmarked Contribution: See Below
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Defend the Dream**

**A. Actblue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 366 Summer St  
 City Somerville State MA Zip Code 02144-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 14000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2024  
**Transaction ID : 17895785E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**B. Lynch, Katharine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7140 Red Horse Tavern Ln  
 City Springfield State VA Zip Code 22153-1407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Klein/Johnson Group Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2024  
**Transaction ID : 17895788E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**C. Actblue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 366 Summer St  
 City Somerville State MA Zip Code 02144-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 14000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2024  
**Transaction ID : 17895788E**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Defend the Dream**

**A. Maldonado, Eve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3314 R St NW  
 City Washington State DC Zip Code 20007-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Holland & Knight Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **01 / 05 / 2024**  
**Transaction ID : 17895782**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. Actblue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 366 Summer St  
 City Somerville State MA Zip Code 02144-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 14000.00

Date of Receipt **01 / 07 / 2024**  
**Transaction ID : 17895782E**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Pizzuro, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2402 Shadyside Ave  
 City Point Pleasant Boro State NJ Zip Code 08742-3760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Raven Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 23 / 2024**  
**Transaction ID : 17895786**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 \* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Defend the Dream**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Actblue**

Mailing Address 366 Summer St

City Somerville	State MA	Zip Code 02144-3132
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
14000.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2024

**Transaction ID : 17895786E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Rayder, Ian, , ,**

Mailing Address 2348 N Glencoe St

City Denver	State CO	Zip Code 80207-3248
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Klein/Johnson Group LLC Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2024

**Transaction ID : 17895790**

Amount of Each Receipt this Period  
500.00

Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Actblue**

Mailing Address 366 Summer St

City Somerville	State MA	Zip Code 02144-3132
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
14000.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2024

**Transaction ID : 17895790E**

Amount of Each Receipt this Period  
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Defend the Dream**

**A. Sanders, Ron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5170 Linwood Dr  
 City Los Angeles State CA Zip Code 90027-1714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not-Employed Occupation (for Individual) Not-Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 07 / 2024  
**Transaction ID : 17895783**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. Actblue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 366 Summer St  
 City Somerville State MA Zip Code 02144-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 14000.00

Date of Receipt 01 / 07 / 2024  
**Transaction ID : 17895783E**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Torres, Marie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2116 Joan Dr  
 City Hacienda Heights State CA Zip Code 91745-4122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not-Employed Occupation (for Individual) Not-Employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 04 / 2024  
**Transaction ID : 17895781**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 \* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**Defend the Dream**

**A. Actblue**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 366 Summer St  
 City Somerville State MA Zip Code 02144-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 14000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2024  
**Transaction ID : 17895781E**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**B.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Defend the Dream**

**A. Affirm, Inc. for Positive Policy**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 650 California St  
FI 12

City San Francisco State CA Zip Code 94108-2716

FEC ID number of contributing federal political committee. **C** C00708081

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2024  
**Transaction ID : 17870767**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. American Property Casualty Insurance Association PAC (Insuring American PAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8700 W Bryn Mawr Ave  
Ste 1200S

City Chicago State IL Zip Code 60631-3512

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2024  
**Transaction ID : 17870741**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. CA Citrus Mutual Federal PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1127 11th St  
Ste 210

City Sacramento State CA Zip Code 95814-3809

FEC ID number of contributing federal political committee. **C** C00166355

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2024  
**Transaction ID : 17895362**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 21  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Defend the Dream**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Food Solutions Action PAC (FSA PAC)**

Mailing Address PO Box 34024

City Washington	State DC	Zip Code 20043-4024
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00789164

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 17 / 2024

**Transaction ID : 17870752**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. The National Association of Realtors PAC**

Mailing Address 430 N Michigan Ave

City Chicago	State IL	Zip Code 60611-4011
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 18 / 2024

**Transaction ID : 17899314**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	18500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
Defend the Dream

Form A: Actblue. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/07/2024), FEC Identification Number, Transaction ID (500339810), and Amount of Each Disbursement (335.75).

Form B: Actblue. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/28/2024), FEC Identification Number, Transaction ID (500339811), and Amount of Each Disbursement (138.25).

Form C: Actblue. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement (01/31/2024), FEC Identification Number, Transaction ID (500339812), and Amount of Each Disbursement (79.00).

SUBTOTAL of Disbursements This Page (optional) 553.00
TOTAL This Period (last page this line number only)



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Defend the Dream**

Full Name (Last, First, Middle Initial) <b>A. Aisle 518 Strategies LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2024
Mailing Address 5515 S Hyde Park Blvd, #1N		FEC Identification Number <b>C</b> <b>Transaction ID : 500339806</b> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item
City Chicago	State IL	
Purpose of Disbursement Digital Fundraising		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bertolina &amp; Barnato, Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2024
Mailing Address 1005 12th St Ste H		FEC Identification Number <b>C</b> <b>Transaction ID : 500339808</b> Amount of Each Disbursement this Period 14000.00 <input type="checkbox"/> Memo Item
City Sacramento	State CA	
Purpose of Disbursement Campaign Consulting Fees		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First National Bank of Omaha</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2024
Mailing Address PO Box 2818		FEC Identification Number <b>C</b> <b>Transaction ID : 500339813</b> Amount of Each Disbursement this Period 416.29 <input type="checkbox"/> Memo Item
City Omaha	State NE	
Purpose of Disbursement Credit Card Payment - See Memo Itemization Below		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19416.29
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)
Defend the Dream

Form A: Alaska Airlines. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form B: Kaufman Legal Group. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form C: NGP VAN. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 6800.00
TOTAL This Period (last page this line number only)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Defend the Dream**

**A. Thrive Strategies**

Full Name (Last, First, Middle Initial)

Mailing Address 919 Florida Ave NW  
Apt 504

City Washington State DC Zip Code 20001-5047

Purpose of Disbursement Fundraising and Media Consulting Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
01 / 02 / 2024

FEC Identification Number C

**Transaction ID : 500339805**

Amount of Each Disbursement this Period 7000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	33769.29

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Defend the Dream**

Full Name (Last, First, Middle Initial)

**A. Affirm, Inc. for Positive Policy**

Mailing Address 650 California St  
FI 12

City  
San Francisco

State  
CA

Zip Code  
94108-2716

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	4

FEC Identification Number

**C** C00708081

**Transaction ID : 500339804**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2500.00

2500.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

Defend the Dream

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Kaufman Legal Group

Nature of Debt (Purpose):

Legal & Treasury Expenses

Mailing Address 777 S Figueroa St  
Ste 4050

City  
Los Angeles

State  
CA

Zip Code  
90017-5864

Outstanding Balance Beginning This Period

3.10

Transaction ID : 1250001450

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ▶

3.10

2) **TOTALS** This Period (last page this line number only)..... ▶

3.10

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

3.10