

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

Community Change Voters

ADDRESS (number and street) 1536 U Street NW

Check if different than previously reported. (ACC) Washington DC 20009

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00612820

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2023 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Young, Ryan, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Young, Ryan, , ,* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 11 / 2023

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Community Change Voters

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		578038.39
(b) Cash on Hand at Beginning of Reporting Period.....	578038.39	
(c) Total Receipts (from Line 19)	88560.52	88560.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	666598.91	666598.91
7. Total Disbursements (from Line 31).....	45316.96	45316.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	621281.95	621281.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Community Change Voters

Report Covering the Period: From: 01 / 01 / 2023 To: 06 / 30 / 2023

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).....	20000.00	20000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20000.00	20000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20000.00	20000.00
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).....	18560.52	18560.52
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	50000.00	50000.00
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)).....▶	88560.52	88560.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	88560.52	88560.52

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	25816.96	25816.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25816.96	25816.96
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).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	19500.00	19500.00
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)) ..	45316.96	45316.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45316.96	45316.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20000.00	20000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20000.00	20000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	25816.96	25816.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	18560.52	18560.52
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7256.44	7256.44

**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 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
Community Change Voters

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aberly, Naomi, D., ,

Mailing Address 32 Derne St # 5A

City Boston	State MA	Zip Code 02114
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) Volunteer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2023

Transaction ID : 11ai-000002543

Amount of Each Receipt this Period
20000.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	20000.00

**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 7 OF 23
<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)
Community Change Voters

A. Impactive Solutions, Inc.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Kidder Ave
 City Somerville State MA Zip Code 02144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) **Runoff**
 Aggregate Year-to-Date ▼
 4959.96

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 06 / 2023
Transaction ID : 15-01-00963-02805
 Amount of Each Receipt this Period
 4959.96
 Memo Item
 Refund of Overpayment

B. Aguilar, Franco, Caliz, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1536 U St NW
 City Washington State DC Zip Code 20009
 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 ▼
 1173.92

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 13 / 2023
Transaction ID : 15-01-00964-02806
 Amount of Each Receipt this Period
 1173.92
 Memo Item
 Refund of Canceled Ride Share Services

C. Community Change Voters
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1536 U St NW
 City Washington State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C** C00612820
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 243.88

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 29 / 2023
Transaction ID : 15-01-00967-02817
 Amount of Each Receipt this Period
 243.88
 Memo Item
 Reimbursement for Management, Accounting and Compliance Services

SUBTOTAL of Receipts This Page (optional).....	6377.76
TOTAL 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 23
<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 checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Community Change Voters

A. Trilogry Interactive, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4177
 City Mountain View State CA Zip Code 94040
 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 ▼ 9169.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2023
Transaction ID : 15-01-00971-02821
 Amount of Each Receipt this Period
 9169.05
 Memo Item
 Refund of Overpayment

B. MasTV/EI Planeta LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address EI Tiempo Latino
 655 15th St NW Suite 800
 City Washington State DC Zip Code 20005
 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 ▼ 1922.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2023
Transaction ID : 15-01-00976-02831
 Amount of Each Receipt this Period
 1922.08
 Memo Item
 Refund of Overpayment

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

SUBTOTAL of Receipts This Page (optional).....▶	11091.13
TOTAL This Period (last page this line number only).....▶	17468.89

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

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

FOR LINE NUMBER: PAGE 9 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Community Change Voters

A. MOSES Action
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Bagley St Ste 420
 City Detroit State MI Zip Code 48226
 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 ▼
 50000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2023
Transaction ID : 17-01-00968-02818
 Amount of Each Receipt this Period
 50000.00
 Memo Item
 Refund of Donation from 09/02/2022

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

SUBTOTAL of Receipts This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	50000.00

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)

<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)
Community Change Voters

Full Name (Last, First, Middle Initial)

A. CommonCentsConsulting, LLC

Mailing Address PO Box 313

City Maricopa State AZ Zip Code 85139

Purpose of Disbursement
Compliance & Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2023

FEC Identification Number

C

Transaction ID : 21b-01-00962
Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CommonCentsConsulting, LLC

Mailing Address PO Box 313

City Maricopa State AZ Zip Code 85139

Purpose of Disbursement
Compliance & Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2023

FEC Identification Number

C

Transaction ID : 21b-01-00962
Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CommonCentsConsulting, LLC

Mailing Address PO Box 313

City Maricopa State AZ Zip Code 85139

Purpose of Disbursement
Compliance & Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2023

FEC Identification Number

C

Transaction ID : 21b-01-00962
Amount of Each Disbursement this Period

250.00

Memo Item

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

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

2500.00

**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)

<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)
Community Change Voters

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2023

FEC Identification Number

C
Transaction ID : 21b-01-00972
Amount of Each Disbursement this Period
289.08

Memo Item

Full Name (Last, First, Middle Initial)

B. Chase Card Services

Mailing Address PO Box 6294

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Credit Card Payment - See Memo

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2023

FEC Identification Number

C
Transaction ID : 21b-01-00973
Amount of Each Disbursement this Period
333.74

Memo Item

Full Name (Last, First, Middle Initial)

C. Everyaction, Inc

Mailing Address 655 15th St NW, Suite 650

City Washington State DC Zip Code 20005

Purpose of Disbursement
Compliance Disclosure Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2023

FEC Identification Number

C
Transaction ID : 21b-01-00974
Amount of Each Disbursement this Period
333.74

Memo Item

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

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

622.82

**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)
Community Change Voters

A. Amalgamated Bank

Full Name (Last, First, Middle Initial)

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 23 / 2023

FEC Identification Number: C

Transaction ID : 21b-01-00980

Amount of Each Disbursement this Period: 289.77

Memo Item

B. Chase Card Services

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6294

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Credit Card Payment - See Memo

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 06 / 2023

FEC Identification Number: C

Transaction ID : 21b-01-00974

Amount of Each Disbursement this Period: 922.00

Memo Item

C. CNA Insurance

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 74007619

City Chicago State IL Zip Code 60674-7619

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
03 / 06 / 2023

FEC Identification Number: C

Transaction ID : 21b-01-00974

Amount of Each Disbursement this Period: 922.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1211.77

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)
Community Change Voters

Full Name (Last, First, Middle Initial) A. CommonCentsConsulting, LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2023
Mailing Address PO Box 313		FEC Identification Number C [] Transaction ID : 21b-01-00975 Amount of Each Disbursement this Period [] 2000.00
City Maricopa	State AZ	Zip Code 85139
Purpose of Disbursement Compliance & Accounting Services		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CommonCentsConsulting, LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2023
Mailing Address PO Box 313		FEC Identification Number C [] Transaction ID : 21b-01-00975 Amount of Each Disbursement this Period [] 250.00
City Maricopa	State AZ	Zip Code 85139
Purpose of Disbursement Compliance & Accounting Services		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CommonCentsConsulting, LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2023
Mailing Address PO Box 313		FEC Identification Number C [] Transaction ID : 21b-01-00975 Amount of Each Disbursement this Period [] 250.00
City Maricopa	State AZ	Zip Code 85139
Purpose of Disbursement Compliance & Accounting Services		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2500.00
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)
Community Change Voters

Full Name (Last, First, Middle Initial) A. CommonCentsConsulting, LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2023
Mailing Address PO Box 313		FEC Identification Number C Transaction ID : 21b-01-00975 Amount of Each Disbursement this Period 2250.00
City Maricopa	State AZ	
Zip Code 85139	Purpose of Disbursement Compliance & Accounting Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. CommonCentsConsulting, LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2023
Mailing Address PO Box 313		FEC Identification Number C Transaction ID : 21b-01-00975 Amount of Each Disbursement this Period 275.00
City Maricopa	State AZ	
Zip Code 85139	Purpose of Disbursement Compliance & Accounting Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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) C. CommonCentsConsulting, LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2023
Mailing Address PO Box 313		FEC Identification Number C Transaction ID : 21b-01-00975 Amount of Each Disbursement this Period 275.00
City Maricopa	State AZ	
Zip Code 85139	Purpose of Disbursement Compliance & Accounting Services	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	2800.00
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)
Community Change Voters

A. Amalgamated Bank

Full Name (Last, First, Middle Initial)

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2023

FEC Identification Number: C

Transaction ID : 21b-01-00981

Amount of Each Disbursement this Period: 278.74

Memo Item

B. CNA Insurance

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 74007619

City Chicago State IL Zip Code 60674-7619

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2023

FEC Identification Number: C

Transaction ID : 21b-01-00982

Amount of Each Disbursement this Period: 404.00

Memo Item

C. CommonCentsConsulting, LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 313

City Maricopa State AZ Zip Code 85139

Purpose of Disbursement Compliance & Accounting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2023

FEC Identification Number: C

Transaction ID : 21b-01-00986

Amount of Each Disbursement this Period: 2250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2932.74

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)
Community Change Voters

Full Name (Last, First, Middle Initial) A. CommonCentsConsulting, LLC		Date of Disbursement MM / DD / YYYY 04 / 13 / 2023
Mailing Address PO Box 313		FEC Identification Number C Transaction ID : 21b-01-00986 Amount of Each Disbursement this Period 275.00
City Maricopa	State AZ	
Purpose of Disbursement Compliance & Accounting Services		Memo Item <input type="checkbox"/>
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. CommonCentsConsulting, LLC		Date of Disbursement MM / DD / YYYY 04 / 13 / 2023
Mailing Address PO Box 313		FEC Identification Number C Transaction ID : 21b-01-00986 Amount of Each Disbursement this Period 275.00
City Maricopa	State AZ	
Purpose of Disbursement Compliance & Accounting Services		Memo Item <input type="checkbox"/>
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) C. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 04 / 26 / 2023
Mailing Address 275 7th Ave		FEC Identification Number C Transaction ID : 21b-01-00986 Amount of Each Disbursement this Period 306.22
City New York	State NY	
Purpose of Disbursement Bank Fee		Memo Item <input type="checkbox"/>
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	856.22
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)
Community Change Voters

Full Name (Last, First, Middle Initial)

A. CommonCentsConsulting, LLC

Mailing Address PO Box 313

City Maricopa State AZ Zip Code 85139

Purpose of Disbursement
Compliance & Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2023

FEC Identification Number

C

Transaction ID : 21b-01-00991

Amount of Each Disbursement this Period

2250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CommonCentsConsulting, LLC

Mailing Address PO Box 313

City Maricopa State AZ Zip Code 85139

Purpose of Disbursement
Compliance & Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2023

FEC Identification Number

C

Transaction ID : 21b-01-00991

Amount of Each Disbursement this Period

275.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CommonCentsConsulting, LLC

Mailing Address PO Box 313

City Maricopa State AZ Zip Code 85139

Purpose of Disbursement
Compliance & Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2023

FEC Identification Number

C

Transaction ID : 21b-01-00991

Amount of Each Disbursement this Period

275.00

Memo Item

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

2800.00

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)
Community Change Voters

Full Name (Last, First, Middle Initial)

A. Everyaction, Inc

Mailing Address 655 15th St NW, Suite 650

City Washington State DC Zip Code 20005

Purpose of Disbursement
Compliance Disclosure Software

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2023

FEC Identification Number

C []
Transaction ID : 21b-01-00990
Amount of Each Disbursement this Period
[] 350.44

Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2023

FEC Identification Number

C []
Transaction ID : 21b-01-00992
Amount of Each Disbursement this Period
[] 291.34

Memo Item

Full Name (Last, First, Middle Initial)

C. CommonCentsConsulting, LLC

Mailing Address PO Box 313

City Maricopa State AZ Zip Code 85139

Purpose of Disbursement
Compliance & Accounting Services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2023

FEC Identification Number

C []
Transaction ID : 21b-01-00995
Amount of Each Disbursement this Period
[] 275.00

Memo Item

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

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

[] 916.78

**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)
Community Change Voters

Full Name (Last, First, Middle Initial) A. CommonCentsConsulting, LLC		Date of Disbursement MM / DD / YYYY 06 / 06 / 2023
Mailing Address PO Box 313		FEC Identification Number C [REDACTED] Transaction ID : 21b-01-00995 Amount of Each Disbursement this Period [REDACTED] 275.00
City Maricopa	State AZ	Zip Code 85139
Purpose of Disbursement Compliance & Accounting Services		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CommonCentsConsulting, LLC		Date of Disbursement MM / DD / YYYY 06 / 06 / 2023
Mailing Address PO Box 313		FEC Identification Number C [REDACTED] Transaction ID : 21b-01-00995 Amount of Each Disbursement this Period [REDACTED] 2250.00
City Maricopa	State AZ	Zip Code 85139
Purpose of Disbursement Compliance & Accounting Services		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Hodge, Hart & Schleifer, Inc.		Date of Disbursement MM / DD / YYYY 06 / 06 / 2023
Mailing Address 8401 Connecticut Ave, Ste 600		FEC Identification Number C [REDACTED] Transaction ID : 21b-01-00997 Amount of Each Disbursement this Period [REDACTED] 5763.00
City Chevy Chase	State MD	Zip Code 20815
Purpose of Disbursement Insurance		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 8288.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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)
Community Change Voters

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2023

FEC Identification Number

C
Transaction ID : 21b-01-00994
Amount of Each Disbursement this Period
288.63

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
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

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)..... ▶

288.63
25716.96

**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 type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Community Change Voters

Full Name (Last, First, Middle Initial)
A. Racial Justice PAC

Mailing Address 2243 - 2245 East 71st St

City Chicago State IL Zip Code 60649

Purpose of Disbursement Non-Federal Committee Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 17 / 2023

FEC Identification Number: C
Transaction ID : 29-01-00977-I
Amount of Each Disbursement this Period: 10000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Community Change Voters - NV

Mailing Address 1536 U Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 13 / 2023

FEC Identification Number: C
Transaction ID : 29-01-00983-C
Amount of Each Disbursement this Period: 3000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Community Change Voters - CO

Mailing Address 1536 U Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 13 / 2023

FEC Identification Number: C
Transaction ID : 29-01-00984-
Amount of Each Disbursement this Period: 3500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 16500.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Community Change Voters

Full Name (Last, First, Middle Initial)
A. Community Change Voters - NM

Mailing Address 1536 U Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Donation

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2023

FEC Identification Number: C

Transaction ID : 29-01-00985-4

Amount of Each Disbursement this Period: 3000.00

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:

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

TOTAL This Period (last page this line number only)..... ▶ 19500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 23
	FOR LINE NUMBER: (check only one)
	<input checked="" type="checkbox"/> 9
	<input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Community Change Voters

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caliz-Aguilar, Franco, , ,			Nature of Debt (Purpose): Overpayment of Ride Share Services
Mailing Address 1536 U St NW			
City Washington	State DC	Zip Code 20009	

Outstanding Balance Beginning This Period <input type="text" value="1173.92"/>	Transaction ID : 9-000008	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1173.92"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Impactive Solutions, Inc.			Nature of Debt (Purpose): Overpayment of Live Calls
Mailing Address 103 Kidder Ave			
City Somerville	State MA	Zip Code 02144	

Outstanding Balance Beginning This Period <input type="text" value="4959.96"/>	Transaction ID : 9-000012	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4959.96"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>