

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

YOUTH PROGRESSIVE ACTION CATALYST

ADDRESS (number and street)1250 I STREET NW
SUITE 330
WASHINGTONDC20005-
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼CITY ▲STATE ▲ZIP CODE ▲
C C006702163. IS THIS REPORTNEW (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:
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
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)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on 11 / 05 / 2024 in the State of CA

5. Covering Period 10 / 17 / 2024 through 11 / 25 / 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 Guthman, Nick, , ,
Signature of Treasurer Guthman, Nick, , , Date 12 / 04 / 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)

Page 2

Write or Type Committee Name

YOUTH PROGRESSIVE ACTION CATALYST

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 17 2024

To:

M M / D D / Y Y Y Y Y
11 25 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		15347.68
(b) Cash on Hand at Beginning of Reporting Period.....	87791.81	
(c) Total Receipts (from Line 19)	208979.93	608367.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	296771.74	623714.93
7. Total Disbursements (from Line 31)	184180.62	511123.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112591.12	112591.12
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

YOUTH PROGRESSIVE ACTION CATALYST

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 17 2024

To:

M M / D D / Y Y Y Y
11 25 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).....	48047.00	130206.00
(ii) Unitemized	84682.93	203478.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	132729.93	333684.69
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	137729.93	343684.69
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).....	250.00	475.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	71000.00	264207.56
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))	208979.93	608367.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	208979.93	608367.25

DETAILED SUMMARY PAGE of Disbursements

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Page 4

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	69576.37	247444.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	69576.37	247444.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26400.00	40250.00
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).....	88204.25	223429.04
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)) ..	184180.62	511123.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	184180.62	511123.81

DETAILED SUMMARY PAGE
of Disbursements

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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)	137729.93	343684.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	137729.93	343684.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	69576.37	247444.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	250.00	475.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	69326.37	246969.77

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Aist, Mary, , ,

Mailing Address 409A Buttonwood Lane

City
HallamState
PAZip Code
17406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2024

Transaction ID : SA11AI.41924

Amount of Each Receipt this Period

23.00

☐ Memo Item

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

B. Allen, Edith, , ,

Mailing Address 53 Richfield Road

City
ArlingtonState
MAZip Code
02474FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Artist

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
10 / 17 / 2024

Transaction ID : SA11AI.41933

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Allen, Edith, , ,

Mailing Address 53 Richfield Road

City
ArlingtonState
MAZip Code
02474FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Artist

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
10 / 17 / 2024

Transaction ID : SA11AI.41934

Amount of Each Receipt this Period

4500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5023.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Andrews, Christine, , ,

Mailing Address 605 S Alu Rd

City
WailukuState
HIZip Code
96793FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
noneOccupation (for Individual)
not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2024

Transaction ID : SA11Al.41970

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Andrews, Christine, , ,

Mailing Address 605 S Alu Rd

City
WailukuState
HIZip Code
96793FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
noneOccupation (for Individual)
not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2024

Transaction ID : SA11Al.41971

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Andrews, Christine, , ,

Mailing Address 605 S Alu Rd

City
WailukuState
HIZip Code
96793FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
noneOccupation (for Individual)
not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2024

Transaction ID : SA11Al.41972

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 264

(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Ansara, Michael, , ,

Mailing Address 225 Lowell St

City
CarlisleState
MAZip Code
01741FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not employedOccupation (for Individual)
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2024

Transaction ID : SA11AI.41977

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

B. Aruffo, Sylvia, , ,

Mailing Address 215 Prospect Avenue

City
Highland ParkState
ILZip Code
60035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CSI Inc.Occupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.41990

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Aruffo, Sylvia, , ,

Mailing Address 215 Prospect Avenue

City
Highland ParkState
ILZip Code
60035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CSI Inc.Occupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11AI.41991

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Banks, Hannah, , ,

Mailing Address 107 Garland Rd

City
NewtonState
MAZip Code
02459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.42009

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Banks, Hannah, , ,

Mailing Address 107 Garland Rd

City
NewtonState
MAZip Code
02459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2024

Transaction ID : SA11AI.42010

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

C. Banks, Hannah, , ,

Mailing Address 107 Garland Rd

City
NewtonState
MAZip Code
02459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2024

Transaction ID : SA11AI.42011

Amount of Each Receipt this Period

17.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

84.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 264

(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Banks, Hannah, , ,

Mailing Address 107 Garland Rd

City
NewtonState
MAZip Code
02459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.42012

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Barringer, Paul, , ,

Mailing Address 1 Russell Street Unit 401

City
CambridgeState
MAZip Code
02140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2024

Transaction ID : SA11AI.42039

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Bartovics, Susan, , ,

Mailing Address 273 North Shore Rd

City
North HavenState
MEZip Code
04853FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Farmer/environmentalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11AI.42050

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Bartsch, William, , ,

Mailing Address 78842 Kramer Drive

City
Palm DesertState
CAZip Code
92211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2024

Transaction ID : SA11AI.42051

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Baxter, Kathleen, , ,

Mailing Address 300 Caldecott Lane Unit 315

City
OaklandState
CAZip Code
94618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Business WireOccupation (for Individual)
Technical Recruiter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2024

Transaction ID : SA11AI.42058

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Baxter, Kathleen, , ,

Mailing Address 300 Caldecott Lane Unit 315

City
OaklandState
CAZip Code
94618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Business WireOccupation (for Individual)
Technical Recruiter

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.42059

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

230.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 264

(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Beard, Susan, , ,

Mailing Address 1528 Nicholas Way

City
SandpointState
IDZip Code
83864FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2024

Transaction ID : SA11AI.42064

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Bell, Stewart, , ,

Mailing Address 240 Lincoln St

City
AstoriaState
ORZip Code
97103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.42073

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

C. Berger, Richard, , ,

Mailing Address 2131 Chateau Place

City
LivermoreState
CAZip Code
94550FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lawrence Livermore Natl LabOccupation (for Individual)
Physicist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11AI.42095

Amount of Each Receipt this Period

105.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

305.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Bernstein, Julie, , ,

Mailing Address 2 Oak Circle

City
DoverState
MAZip Code
02030FEC 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 ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2024

Transaction ID : SA11AI.42107

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Bernstein, Julie, , ,

Mailing Address 2 Oak Circle

City
DoverState
MAZip Code
02030FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.42108

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Blick, Suzanne, , ,

Mailing Address 3916 N Potsdam Ave #8093

City
Sioux FallsState
SDZip Code
57104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

truck driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2024

Transaction ID : SA11AI.42134

Amount of Each Receipt this Period

76.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

126.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Blink, Suzanne, , ,

Mailing Address 3916 N Potsdam Ave #8093

City
Sioux FallsState
SDZip Code
57104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
truck driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.42135

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Blink, Suzanne, , ,

Mailing Address 3916 N Potsdam Ave #8093

City
Sioux FallsState
SDZip Code
57104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
truck driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2024

Transaction ID : SA11AI.42136

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Blink, Suzanne, , ,

Mailing Address 3916 N Potsdam Ave #8093

City
Sioux FallsState
SDZip Code
57104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
truck driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2024

Transaction ID : SA11AI.42137

Amount of Each Receipt this Period

17.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

117.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Blink, Suzanne, , ,

Mailing Address 3916 N Potsdam Ave #8093

City
Sioux FallsState
SDZip Code
57104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
truck driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11AI.42138

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

B. Blink, Suzanne, , ,

Mailing Address 3916 N Potsdam Ave #8093

City
Sioux FallsState
SDZip Code
57104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
truck driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11AI.42139

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Blink, Suzanne, , ,

Mailing Address 3916 N Potsdam Ave #8093

City
Sioux FallsState
SDZip Code
57104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
truck driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

491.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2024

Transaction ID : SA11AI.42140

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

117.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Blumenfeld, Gina, , ,

Mailing Address 7010 Waring Ave

City
Los AngelesState
CAZip Code
90038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.42148

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Bolan, Nancy, , ,

Mailing Address 50 Parkway West

City
Mount VernonState
NYZip Code
10552FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
World VisionOccupation (for Individual)
Public Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2024

Transaction ID : SA11AI.42154

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Bolton, Kate, , ,

Mailing Address 123 Howard St.

City
PetalumaState
CAZip Code
94952FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2024

Transaction ID : SA11AI.42155

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Bonin, Richard, , ,

Mailing Address 11435 Daykin Drive

City
St. LouisState
MOZip Code
63146FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.42158

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Boone, Jennifer, , ,

Mailing Address 57 Lorimer Avenue

City
ProvidenceState
RIZip Code
02906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
writer/editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2024

Transaction ID : SA11AI.42161

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Borges, Kent, , ,

Mailing Address 975 Terrace Circle

City
Colorado SpringsState
COZip Code
80904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.42165

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Bradus, Richard, , ,

Mailing Address 2028 Scott St. #202

City
San FranciscoState
CAZip Code
94115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2024

Transaction ID : SA11AI.42186

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. briskin, richard, , ,

Mailing Address 360 Dolan Avenue

City
Mill ValleyState
CAZip Code
94941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not employedOccupation (for Individual)
self employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.42202

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Brocious, Pamela, , ,

Mailing Address 340 E. 93rd St 14M

City
New YorkState
NYZip Code
10128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
staffing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11AI.42207

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Burns, Phoebe, , ,

Mailing Address 193 Osborn St

City
PhiladelphiaState
PAZip Code
19128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
International SOSOccupation (for Individual)
Data Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.42235

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Butler, Hillary, , ,

Mailing Address 21 Charlton Street

City
New YorkState
NYZip Code
10014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
psychotherapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2024

Transaction ID : SA11AI.42242

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Butler, Hillary, , ,

Mailing Address 21 Charlton Street

City
New YorkState
NYZip Code
10014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
psychotherapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2024

Transaction ID : SA11AI.42243

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 264

(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			

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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Caniglia, Stephen, , ,

Mailing Address 334 East Medlock Drive

City
PhoenixState
AZZip Code
85012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Realty ExecutivesOccupation (for Individual)
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.42269

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. carlson, carol, , ,

Mailing Address box 328

City
Mt JewettState
PAZip Code
16740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
episcopal churchOccupation (for Individual)
priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.42274

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. carlson, carol, , ,

Mailing Address box 328

City
Mt JewettState
PAZip Code
16740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
episcopal churchOccupation (for Individual)
priest

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
11 / 11 / 2024

Transaction ID : SA11AI.42275

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. carlson, carol, , ,

Mailing Address box 328

City
Mt JewettState
PAZip Code
16740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
episcopal churchOccupation (for Individual)
priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2024

Transaction ID : SA11AI.42276

Amount of Each Receipt this Period

111.00

☐ Memo Item

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

B. carlson, carol, , ,

Mailing Address box 328

City
Mt JewettState
PAZip Code
16740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
episcopal churchOccupation (for Individual)
priest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2024

Transaction ID : SA11AI.42277

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. CHASE, CYNTHIA, , ,

Mailing Address 909 WYCKOFF RD

City
ITHACAState
NYZip Code
14850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cornell uOccupation (for Individual)
professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.42325

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

211.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 264
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. CHASE, CYNTHIA, , ,

Mailing Address 909 WYCKOFF RD

City
ITHACAState
NYZip Code
14850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cornell u

Occupation (for Individual)

professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2024

Transaction ID : SA11AI.42326

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. CHASE, CYNTHIA, , ,

Mailing Address 909 WYCKOFF RD

City
ITHACAState
NYZip Code
14850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cornell u

Occupation (for Individual)

professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2024

Transaction ID : SA11AI.42327

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

C. CHASE, CYNTHIA, , ,

Mailing Address 909 WYCKOFF RD

City
ITHACAState
NYZip Code
14850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cornell u

Occupation (for Individual)

professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.42328

Amount of Each Receipt this Period

17.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

69.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. CHASE, CYNTHIA, , ,

Mailing Address 909 WYCKOFF RD

City
ITHACAState
NYZip Code
14850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cornell u

Occupation (for Individual)

professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.42329

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. CHASE, CYNTHIA, , ,

Mailing Address 909 WYCKOFF RD

City
ITHACAState
NYZip Code
14850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cornell u

Occupation (for Individual)

professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.42330

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. CHASE, CYNTHIA, , ,

Mailing Address 909 WYCKOFF RD

City
ITHACAState
NYZip Code
14850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cornell u

Occupation (for Individual)

professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2024

Transaction ID : SA11AI.42331

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Chauncey-Allen, Lee, , ,

Mailing Address 27 Saint Clements Rd

City
MedfordState
MAZip Code
02155FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sonos Inc.Occupation (for Individual)
Computer Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.42334

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Choi, R. Leslie, , ,

Mailing Address 1345 Daily Cir

City
GlendaleState
CAZip Code
91208-1719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.42346

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Choi, R. Leslie, , ,

Mailing Address 1345 Daily Cir

City
GlendaleState
CAZip Code
91208-1719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.42347

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Cohen, Naomi, , ,

Mailing Address POB 39

City
Gap MillsState
WVZip Code
24941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11AI.42374

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Cohen, Naomi, , ,

Mailing Address POB 39

City
Gap MillsState
WVZip Code
24941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1975.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.42375

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

C. Cohen, Naomi, , ,

Mailing Address POB 39

City
Gap MillsState
WVZip Code
24941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2035.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2024

Transaction ID : SA11AI.42376

Amount of Each Receipt this Period

60.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Cohen, Naomi, , ,

Mailing Address POB 39

City
Gap MillsState
WVZip Code
24941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11AI.42377

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

B. Cohen, Sara, , ,

Mailing Address 42 Arlington st.

City
MedfordState
MAZip Code
02155FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth of MAOccupation (for Individual)
Environmental Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.42378

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

C. Cohen, Sara, , ,

Mailing Address 42 Arlington st.

City
MedfordState
MAZip Code
02155FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth of MAOccupation (for Individual)
Environmental Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.42379

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Cohen, Sara, , ,

Mailing Address 42 Arlington st.

City
MedfordState
MAZip Code
02155FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth of MAOccupation (for Individual)
Environmental Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2024

Transaction ID : SA11AI.42380

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Crowe, John, , ,

Mailing Address 1111 Cottonwood ct

City
DavisState
CAZip Code
95618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11AI.42440

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Crowe, John, , ,

Mailing Address 1111 Cottonwood ct

City
DavisState
CAZip Code
95618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2024

Transaction ID : SA11AI.42441

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Dash, Robert, , ,

Mailing Address PO Box 88

City

Deer Harbor

State

WA

Zip Code

98243

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 ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2024

Transaction ID : SA11AI.42474

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Dash, Robert, , ,

Mailing Address PO Box 88

City

Deer Harbor

State

WA

Zip Code

98243

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 ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11AI.42475

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. DeLong, Margaret Macy, , ,

Mailing Address 54 Fisher Rd

City

Arlington

State

MA

Zip Code

02476

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2024

Transaction ID : SA11AI.42505

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. DeLong, Margaret Macy, , ,

Mailing Address 54 Fisher Rd

City
ArlingtonState
MAZip Code
02476FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

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
11 / 18 / 2024

Transaction ID : SA11AI.42506

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Dooley, Winifred, , ,

Mailing Address 4420 N Clybourn Ave

City
BurbankState
CAZip Code
91505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.42537

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Dooley, Winifred, , ,

Mailing Address 4420 N Clybourn Ave

City
BurbankState
CAZip Code
91505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.42538

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Dooley, Winifred, , ,

Mailing Address 4420 N Clybourn Ave

City
BurbankState
CAZip Code
91505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4970.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2024

Transaction ID : SA11AI.42539

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

B. Dorwick, Keith, , ,

Mailing Address 1418 W 7th Street

City
Port AngelesState
WAZip Code
98363FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2024

Transaction ID : SA11AI.42542

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

C. Dorwick, Keith, , ,

Mailing Address 1418 W 7th Street

City
Port AngelesState
WAZip Code
98363FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2024

Transaction ID : SA11AI.42543

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

237.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Dorwick, Keith, , ,

Mailing Address 1418 W 7th Street

City
Port AngelesState
WAZip Code
98363FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2024

Transaction ID : SA11AI.42545

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Dorwick, Keith, , ,

Mailing Address 1418 W 7th Street

City
Port AngelesState
WAZip Code
98363FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2024

Transaction ID : SA11AI.42546

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Dorwick, Keith, , ,

Mailing Address 1418 W 7th Street

City
Port AngelesState
WAZip Code
98363FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

712.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2024

Transaction ID : SA11AI.42547

Amount of Each Receipt this Period

17.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

92.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 264

(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Dorwick, Keith, , ,

Mailing Address 1418 W 7th Street

City
Port AngelesState
WAZip Code
98363FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2024

Transaction ID : SA11Al.42548

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Dragon, Carol, , ,

Mailing Address 800 Deerfield Road #305

City
Highland ParkState
ILZip Code
60035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

536.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11Al.42557

Amount of Each Receipt this Period

186.00

☐ Memo Item

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

C. Dragon, Carol, , ,

Mailing Address 800 Deerfield Road #305

City
Highland ParkState
ILZip Code
60035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

636.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11Al.42558

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

336.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 264

(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Duncan, Jon B, , ,

Mailing Address 3338 Winchester Way

City
EugeneState
ORZip Code
97401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Veterinarian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11AI.42570

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Edwards, Jon, , ,

Mailing Address PO Box 715

City

South Freeport

State

ME

Zip Code

04078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2024

Transaction ID : SA11AI.42595

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Eger, 14 Craven Ln, , ,

Mailing Address 14 Craven Ln

City

White Plains

State

NY

Zip Code

10605-3312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2024

Transaction ID : SA11AI.42600

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

305.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Elliott, R Bruce, , ,

Mailing Address 3115 Darvany Drive

City
DallasState
TXZip Code
75220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
noneOccupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11Al.42607

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Elliott, R Bruce, , ,

Mailing Address 3115 Darvany Drive

City
DallasState
TXZip Code
75220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
noneOccupation (for Individual)
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11Al.42608

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Faddis, Leo, , ,

Mailing Address 1431 W. Fourth

City
KunaState
IDZip Code
83634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11Al.42648

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Faissler, Diane G., , ,

Mailing Address 4 Darby Lane

City
RockportState
MAZip Code
01966FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
none

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.42651

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Falkner, Fred, , ,

Mailing Address 7333 Scotland Way Unit 2209

City
SarasotaState
FLZip Code
34238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.42654

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Falkner, Fred, , ,

Mailing Address 7333 Scotland Way Unit 2209

City
SarasotaState
FLZip Code
34238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.42655

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Feldman, Andrew, , ,

Mailing Address 4850 38th Ave SW

City
SeattleState
WAZip Code
98126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
StarbucksOccupation (for Individual)
Software Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2024

Transaction ID : SA11AI.42670

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Feldman, Andrew, , ,

Mailing Address 4850 38th Ave SW

City
SeattleState
WAZip Code
98126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
StarbucksOccupation (for Individual)
Software Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2024

Transaction ID : SA11AI.42671

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Fernald, Susan, , ,

Mailing Address 6159 NE COPPER BEECH DR.

City
HillsboroState
ORZip Code
97124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11AI.42674

Amount of Each Receipt this Period

170.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Flitner, Cara, , ,

Mailing Address 2 Mountain West Drive Unit 24

City
WolfeboroState
NHZip Code
03894FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American AirlinesOccupation (for Individual)
Pilot

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
10 / 23 / 2024

Transaction ID : SA11AI.42705

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Fluhrer, Patricia, , ,

Mailing Address 1068 N Eagle Hollow Rd

City
Green ValleyState
AZZip Code
85614-6086FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11AI.42710

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Fluhrer, Patricia, , ,

Mailing Address 1068 N Eagle Hollow Rd

City
Green ValleyState
AZZip Code
85614-6086FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2024

Transaction ID : SA11AI.42711

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Fluhrrer, Patricia, , ,

Mailing Address 1068 N Eagle Hollow Rd

City
Green ValleyState
AZZip Code
85614-6086FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.42712

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Foulke, Tim, , ,

Mailing Address 2434 N. E. 36th Ave.

City
PortlandState
ORZip Code
97212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Nurse practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2024

Transaction ID : SA11AI.42726

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Franklin, Daniel, , ,

Mailing Address 20 Garfield Rd

City
MelroseState
MAZip Code
02176FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sandbox NetworksOccupation (for Individual)
Software Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2024

Transaction ID : SA11AI.42737

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Garber, Connie, , ,

Mailing Address 102 Jellerson Rd

City
SanfordState
MEZip Code
04073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2024

Transaction ID : SA11Al.42774

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Garber, Connie, , ,

Mailing Address 102 Jellerson Rd

City
SanfordState
MEZip Code
04073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2024

Transaction ID : SA11Al.42775

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

C. Garber, Connie, , ,

Mailing Address 102 Jellerson Rd

City
SanfordState
MEZip Code
04073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11Al.42776

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Garber, Connie, , ,

Mailing Address 102 Jellerson Rd

City
SanfordState
MEZip Code
04073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.42777

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

B. Garber, Connie, , ,

Mailing Address 102 Jellerson Rd

City
SanfordState
MEZip Code
04073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2024

Transaction ID : SA11AI.42778

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

C. Gardner, Jan, , ,

Mailing Address 3 Ponderosa Lane

City

Palos Verdes Peninsula

State
CAZip Code
90274FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.42786

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

134.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Gardner, Jan, , ,

Mailing Address 3 Ponderosa Lane

City
Palos Verdes PeninsulaState
CAZip Code
90274FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11AI.42787

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Gefvert, Cynthia, , ,

Mailing Address 2205 Cebolla Creek Way NW

City
AlbuquerqueState
NMZip Code
87120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11AI.42805

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Goldware, Marjorie, , ,

Mailing Address 669 MONTEZUMA CT

City
WALNUT CREEKState
CAZip Code
94598FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.42837

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 264

(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Gonzalez, Jose, , ,

Mailing Address P. O. Box 65146

City
TucsonState
AZZip Code
85728FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.42843

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gonzalez, Jose, , ,

Mailing Address P. O. Box 65146

City
TucsonState
AZZip Code
85728FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.42844

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Gray, Randy, , ,

Mailing Address 3535 Linda Vista Dr

City
San MarcosState
CAZip Code
92078FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2024

Transaction ID : SA11AI.42866

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Guzzardo, Chris, , ,

Mailing Address 13811 64th PI NE

City
KirklandState
WAZip Code
98034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Windermere REOccupation (for Individual)
Real Estate Managing Broker

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
11 / 03 / 2024

Transaction ID : SA11AI.42902

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Hanau, Paul, , ,

Mailing Address 1089 SW Westwood Dr

City
PortlandState
ORZip Code
97239FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
noneOccupation (for Individual)
none

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.42921

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Hanau, Paul, , ,

Mailing Address 1089 SW Westwood Dr

City
PortlandState
ORZip Code
97239FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
noneOccupation (for Individual)
none

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2024

Transaction ID : SA11AI.42922

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Hardenburg, Harrison, , ,

Mailing Address 15 chestnut st apt 321

City
elyriaState
OHZip Code
44035FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2024

Transaction ID : SA11AI.42930

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Harris, Burt, , ,

Mailing Address 316 Alta Ave.

City

Santa Monica

State

CA

Zip Code

90402

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HarrscopeOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.42936

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Harris, Burt, , ,

Mailing Address 316 Alta Ave.

City

Santa Monica

State

CA

Zip Code

90402

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HarrscopeOccupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.42937

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. henkin, michelle, , ,

Mailing Address 15 Pipers Way

City
New HarborState
MEZip Code
04554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2024

Transaction ID : SA11AI.42986

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. henkin, michelle, , ,

Mailing Address 15 Pipers Way

City
New HarborState
MEZip Code
04554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.42987

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. henkin, michelle, , ,

Mailing Address 15 Pipers Way

City
New HarborState
MEZip Code
04554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.42988

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. henkin, michelle, , ,

Mailing Address 15 Pipers Way

City
New HarborState
MEZip Code
04554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2024

Transaction ID : SA11AI.42989

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Hogan, Thomas, , ,

Mailing Address 0S505 Winfield Road

City
WinfieldState
ILZip Code
60190FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2024

Transaction ID : SA11AI.43033

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Houlette, Ryan, , ,

Mailing Address 11 Newman St

City
CambridgeState
MAZip Code
02140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sense LabsOccupation (for Individual)
software engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2024

Transaction ID : SA11AI.43080

Amount of Each Receipt this Period

17.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

317.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Houlette, Ryan, , ,

Mailing Address 11 Newman St

City
CambridgeState
MAZip Code
02140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sense LabsOccupation (for Individual)
software engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.43081

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Houlette, Ryan, , ,

Mailing Address 11 Newman St

City
CambridgeState
MAZip Code
02140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sense LabsOccupation (for Individual)
software engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.43082

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

C. Houlette, Ryan, , ,

Mailing Address 11 Newman St

City
CambridgeState
MAZip Code
02140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sense LabsOccupation (for Individual)
software engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2024

Transaction ID : SA11AI.43083

Amount of Each Receipt this Period

17.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

54.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Howard, Harrison, , ,

Mailing Address 142 West End Ave. Apt. 23N

City
New York CityState
NYZip Code
10023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.43084

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hubbell, Ellen, , ,

Mailing Address 31 Pleasant St Unit54

City
LebanonState
NHZip Code
03784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dartmouth Hitchcock Med CenterOccupation (for Individual)
RN Care Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.43086

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

C. Hubbell, Ellen, , ,

Mailing Address 31 Pleasant St Unit54

City
LebanonState
NHZip Code
03784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dartmouth Hitchcock Med CenterOccupation (for Individual)
RN Care Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.43087

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

317.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Hubbell, Ellen, , ,

Mailing Address 31 Pleasant St Unit54

City
LebanonState
NHZip Code
03784FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dartmouth Hitchcock Med CenterOccupation (for Individual)
RN Care Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.43088

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Huggins, Lucinda, , ,

Mailing Address 803 Warner Rd

City
SchenectadyState
NYZip Code
12309FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
not employedOccupation (for Individual)
retired IT professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.43091

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Iazzetta, Vincent, , ,

Mailing Address 29 Franklin Street

City
AnnapolisState
MDZip Code
21401-2742FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Walker EngineeringOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2024

Transaction ID : SA11AI.43108

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Iazzetta, Vincent, , ,

Mailing Address 29 Franklin Street

City
AnnapolisState
MDZip Code
21401-2742FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Walker EngineeringOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.43109

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

B. Iazzetta, Vincent, , ,

Mailing Address 29 Franklin Street

City
AnnapolisState
MDZip Code
21401-2742FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Walker EngineeringOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.43110

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Irwin, Ken, , ,

Mailing Address 1229 W Roscoe St

City
ChicagoState
ILZip Code
60657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2024

Transaction ID : SA11AI.43115

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

530.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Irwin, Ken, , ,

Mailing Address 1229 W Roscoe St

City
ChicagoState
ILZip Code
60657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2024

Transaction ID : SA11AI.43116

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Irwin, Ken, , ,

Mailing Address 1229 W Roscoe St

City
ChicagoState
ILZip Code
60657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

936.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.43117

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Izumizaki, Henry, , ,

Mailing Address 3011 42nd Street

City
Gig HarborState
WAZip Code
98335FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2024

Transaction ID : SA11AI.43120

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Jarecki, Gloria, , ,

Mailing Address 10 Timber Trail

City
RyeState
NYZip Code
10580FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
business exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.43139

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Jarecki, Gloria, , ,

Mailing Address 10 Timber Trail

City
RyeState
NYZip Code
10580FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
business exec.

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
11 / 04 / 2024

Transaction ID : SA11AI.43140

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Johnson, Jody, , ,

Mailing Address 16134 Red Cedar Trl

City
DallasState
TXZip Code
75248FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2024

Transaction ID : SA11AI.43161

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Kane, Herald, , ,

Mailing Address 3540 W Sahara Ave #48

City
Las VegasState
NVZip Code
89102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.43193

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Kane, Herald, , ,

Mailing Address 3540 W Sahara Ave #48

City
Las VegasState
NVZip Code
89102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.43194

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Kasparian, Gail, , ,

Mailing Address 6604 Kalgan Rd.

City
Rio RanchoState
NMZip Code
87144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.43207

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Keelan, Helen, , ,

Mailing Address 5941 Stoneview Dr.

City
Culver CityState
CAZip Code
90232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2024

Transaction ID : SA11AI.43215

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Keelan, Helen, , ,

Mailing Address 5941 Stoneview Dr.

City
Culver CityState
CAZip Code
90232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rite AidOccupation (for Individual)
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.43216

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Krawisz, Bruce, , ,

Mailing Address 1600 N Hills Dr.

City
MarshfieldState
WIZip Code
54449FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marshfield Clinic Research InstituteOccupation (for Individual)
emeritus researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11AI.43309

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 55 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Krawisz, Bruce, , ,

Mailing Address 1600 N Hills Dr.

City
MarshfieldState
WIZip Code
54449FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marshfield Clinic Research InstituteOccupation (for Individual)
emeritus researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.43310

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. LaBerge, Georgi, , ,

Mailing Address 1637 Carleton Ct.

City
Redwood CityState
CAZip Code
94061FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.43328

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Lachman, Margie, , ,

Mailing Address 2630 NW 144TH AVE

City
BEAVERTONState
ORZip Code
97006FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.43332

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

535.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Lally, Helen, , ,

Mailing Address 1220 Park Avenue

City
New YorkState
NYZip Code
10128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Helen D. Lally Fine Arts

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11Al.43341

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Lally, Helen, , ,

Mailing Address 1220 Park Avenue

City
New YorkState
NYZip Code
10128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Helen D. Lally Fine Arts

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11Al.43342

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Lally, Helen, , ,

Mailing Address 1220 Park Avenue

City
New YorkState
NYZip Code
10128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Helen D. Lally Fine Arts

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11Al.43343

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Lally, Helen, , ,

Mailing Address 1220 Park Avenue

City
New YorkState
NYZip Code
10128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Helen D. Lally Fine ArtsOccupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2024

Transaction ID : SA11Al.43344

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Lally, Helen, , ,

Mailing Address 1220 Park Avenue

City
New YorkState
NYZip Code
10128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Helen D. Lally Fine ArtsOccupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11Al.43345

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Lancaric, Eugene, , ,

Mailing Address 27 Prospect Park West

City
BrooklynState
NYZip Code
11215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11Al.43362

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 264

(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Latham, Alida, , ,

Mailing Address 2208 Fairview Ave East

City
SeattleState
WAZip Code
98102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
photographer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2024

Transaction ID : SA11Al.43384

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Latham, Alida, , ,

Mailing Address 2208 Fairview Ave East

City
SeattleState
WAZip Code
98102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
photographer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2024

Transaction ID : SA11Al.43385

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Latham, Alida, , ,

Mailing Address 2208 Fairview Ave East

City
SeattleState
WAZip Code
98102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
photographer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2024

Transaction ID : SA11Al.43386

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Latham, Alida, , ,

Mailing Address 2208 Fairview Ave East

City
SeattleState
WAZip Code
98102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
photographer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11Al.43387

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Lewis, Mimi, , ,

Mailing Address 5899 Lucas Valley Road

City
NicasioState
CAZip Code
94946FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11Al.43426

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Linderman, Christine E, , ,

Mailing Address 277 Riverside Dr

City
FlorenceState
MAZip Code
01062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2024

Transaction ID : SA11Al.43438

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 264

(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Linderman, Christine E, , ,

Mailing Address 277 Riverside Dr

City
FlorenceState
MAZip Code
01062FEC 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 ▼

885.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.43439

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Linderman, Christine E, , ,

Mailing Address 277 Riverside Dr

City
FlorenceState
MAZip Code
01062FEC 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 ▼

935.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2024

Transaction ID : SA11AI.43440

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Ludi, Celia, , ,

Mailing Address 144 Camino de las Crucitas

City
Santa FeState
NMZip Code
87501FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2024

Transaction ID : SA11AI.43490

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Ludi, Celia, , ,

Mailing Address 144 Camino de las Crucitas

City
Santa FeState
NMZip Code
87501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11AI.43491

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Luksenburg, Lillian, , ,

Mailing Address 609 Kemp Mill Forest Dr.

City
Silver SpringState
MDZip Code
20902-1566FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.43492

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Luksenburg, Lillian, , ,

Mailing Address 609 Kemp Mill Forest Dr.

City
Silver SpringState
MDZip Code
20902-1566FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.43493

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Luksenburg, Lillian, , ,

Mailing Address 609 Kemp Mill Forest Dr.

City
Silver SpringState
MDZip Code
20902-1566FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.43494

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Lung, Diane, , ,

Mailing Address 9936 Barranca Circle

City
Huntington BeachState
CAZip Code
92646FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2024

Transaction ID : SA11AI.43501

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Martin, Matt, , ,

Mailing Address 6392 Mesedge Drive

City
COLORADO SPRINGSState
COZip Code
80919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Keysight TechnologiesOccupation (for Individual)
ASIC Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2024

Transaction ID : SA11AI.43569

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Martin, Matt, , ,

Mailing Address 6392 Mesedge Drive

City
COLORADO SPRINGSState
COZip Code
80919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Keysight TechnologiesOccupation (for Individual)
ASIC Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2024

Transaction ID : SA11AI.43570

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Maul, Terry, , ,

Mailing Address P.O. Box 635

City
TahomaState
CAZip Code
96142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.43592

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Maul, Terry, , ,

Mailing Address P.O. Box 635

City
TahomaState
CAZip Code
96142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2024

Transaction ID : SA11AI.43593

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Maul, Terry, , ,

Mailing Address P.O. Box 635

City
TahomaState
CAZip Code
96142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1485.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2024

Transaction ID : SA11AI.43594

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Maul, Terry, , ,

Mailing Address P.O. Box 635

City
TahomaState
CAZip Code
96142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.43595

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Maul, Terry, , ,

Mailing Address P.O. Box 635

City
TahomaState
CAZip Code
96142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.43596

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 264

(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Maul, Terry, , ,

Mailing Address P.O. Box 635

City
TahomaState
CAZip Code
96142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1640.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11Al.43597

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. McCabe, Anne and William, , ,

Mailing Address 23 Walden Fields Dr

City
DelmarState
NYZip Code
12054FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11Al.43614

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. McCabe, Anne and William, , ,

Mailing Address 23 Walden Fields Dr

City
DelmarState
NYZip Code
12054FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11Al.43615

Amount of Each Receipt this Period

30.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 66 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Mead, Lucy, , ,

Mailing Address 630 Spyglass Dr.

City
EugeneState
ORZip Code
97401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.43689

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

B. Mead, Lucy, , ,

Mailing Address 630 Spyglass Dr.

City
EugeneState
ORZip Code
97401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2024

Transaction ID : SA11AI.43690

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Mead, Lucy, , ,

Mailing Address 630 Spyglass Dr.

City
EugeneState
ORZip Code
97401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.43691

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Mead, Lucy, , ,

Mailing Address 630 Spyglass Dr.

City
EugeneState
ORZip Code
97401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2024

Transaction ID : SA11AI.43692

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Mead, Lucy, , ,

Mailing Address 630 Spyglass Dr.

City
EugeneState
ORZip Code
97401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11AI.43693

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Meerhof, Eveann, , ,

Mailing Address 4897 S Red Oaks Dr

City
Traverse CityState
MIZip Code
49685FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Interlochen Center for the ArtsOccupation (for Individual)
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2024

Transaction ID : SA11AI.43697

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Meerhof, Eveann, , ,

Mailing Address 4897 S Red Oaks Dr

City
Traverse CityState
MIZip Code
49685FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Interlochen Center for the ArtsOccupation (for Individual)
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2024

Transaction ID : SA11AI.43698

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Mehl, Carter, , ,

Mailing Address 1054 Peralta Avenue

City
AlbanyState
CAZip Code
94706FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2024

Transaction ID : SA11AI.43699

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Mehl, Carter, , ,

Mailing Address 1054 Peralta Avenue

City
AlbanyState
CAZip Code
94706FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.43700

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 69 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Mehl, Carter, , ,

Mailing Address 1054 Peralta Avenue

City
AlbanyState
CAZip Code
94706FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2024

Transaction ID : SA11Al.43701

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Mehl, Carter, , ,

Mailing Address 1054 Peralta Avenue

City
AlbanyState
CAZip Code
94706FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11Al.43702

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Meighan, Patrick, , ,

Mailing Address 4111 Madison Ave

City
Culver CityState
CAZip Code
90232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fox/Disney AnimationOccupation (for Individual)
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2024

Transaction ID : SA11Al.43705

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

595.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Melloh, James, , ,

Mailing Address 47 Sprague St.

City
South PortlandState
MEZip Code
04106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
acupuncture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11AI.43706

Amount of Each Receipt this Period

220.00

☐ Memo Item

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

B. Menaker, Thomas, , ,

Mailing Address 27 High Tor Rd

City
New CityState
NYZip Code
10956FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Psych

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.43714

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Miller, Mara, , ,

Mailing Address 2101 Nuuanu Ave. #201

City
HonoluluState
HIZip Code
96817FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.43747

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

520.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. minnich, ronald, , ,

Mailing Address 732 katrina st

City
livermoreState
CAZip Code
94550FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
googleOccupation (for Individual)
swe

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2024

Transaction ID : SA11Al.43755

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Minter, Susan, , ,

Mailing Address 1246 Ostrander Rd

City
KelsoState
WAZip Code
98626FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNMOccupation (for Individual)
business analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11Al.43756

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

C. Minter, Susan, , ,

Mailing Address 1246 Ostrander Rd

City
KelsoState
WAZip Code
98626FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNMOccupation (for Individual)
business analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11Al.43757

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

287.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 72 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. M Meeker, Diane, , ,

Mailing Address 2000 W Business Loop 70 118

City
COLUMBIAState
MOZip Code
65202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.43512

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

B. Moyle, Nancy B, , ,

Mailing Address 245 Currey Ln

City
SausalitoState
CAZip Code
94965FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.43804

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Moyle, Nancy B, , ,

Mailing Address 245 Currey Ln

City
SausalitoState
CAZip Code
94965FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.43805

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

480.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Murphy, Kari, , ,

Mailing Address 4104 Rodstol Ln SE

City
Port OrchardState
WAZip Code
98366FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sandia National LabsOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2024

Transaction ID : SA11AI.43818

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Neidorf, Michael, , ,

Mailing Address 5515 Calvin Ave

City
TarzanaState
CAZip Code
91356FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Business Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2024

Transaction ID : SA11AI.43846

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

C. Nesbit, Julie, , ,

Mailing Address 4205 Beresford Way

City
La Canada FlintridgeState
CAZip Code
91011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.43857

Amount of Each Receipt this Period

90.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Nesbit, Julie, , ,

Mailing Address 4205 Beresford Way

City
La Canada FlintridgeState
CAZip Code
91011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.43858

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Nesbit, Julie, , ,

Mailing Address 4205 Beresford Way

City
La Canada FlintridgeState
CAZip Code
91011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2024

Transaction ID : SA11AI.43859

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Nesbit, Julie, , ,

Mailing Address 4205 Beresford Way

City
La Canada FlintridgeState
CAZip Code
91011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2024

Transaction ID : SA11AI.43860

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 75 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Newtown, Sheila, , ,

Mailing Address 3893 County Route 10

City
DePeysterState
NYZip Code
13633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2024

Transaction ID : SA11AI.43866

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Newtown, Sheila, , ,

Mailing Address 3893 County Route 10

City
DePeysterState
NYZip Code
13633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.43867

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

C. Newtown, Sheila, , ,

Mailing Address 3893 County Route 10

City
DePeysterState
NYZip Code
13633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.43868

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

87.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City
AustinState
TXZip Code
78748FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3018.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2024

Transaction ID : SA11AI.43869

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

B. Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City
AustinState
TXZip Code
78748FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3043.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.43870

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City
AustinState
TXZip Code
78748FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3093.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.43871

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City
AustinState
TXZip Code
78748FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3143.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11AI.43872

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Norris, Peter, , ,

Mailing Address 19 Blueberry Ridge Lane

City
ChilmarkState
MAZip Code
02535FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.43894

Amount of Each Receipt this Period

281.00

☐ Memo Item

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

C. Oelsner, Leslie, , ,

Mailing Address 1451 Canterbury Rd.

City
FayettevilleState
ARZip Code
72701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
social worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2024

Transaction ID : SA11AI.43901

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

356.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Oelsner, Leslie, , ,

Mailing Address 1451 Canterbury Rd.

City
FayettevilleState
ARZip Code
72701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
social worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2024

Transaction ID : SA11AI.43902

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Oelsner, Leslie, , ,

Mailing Address 1451 Canterbury Rd.

City
FayettevilleState
ARZip Code
72701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
social worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 24 / 2024

Transaction ID : SA11AI.43903

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Okamura, Alan, , ,

Mailing Address 98-516 A Kamahao Place

City
Pearl CityState
HIZip Code
96782FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2024

Transaction ID : SA11AI.43907

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Okamura, Alan, , ,

Mailing Address 98-516 A Kamahao Place

City
Pearl CityState
HIZip Code
96782FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2024

Transaction ID : SA11AI.43908

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Ornish, Dean, , ,

Mailing Address 900 Bridgeway

City
SausalitoState
CAZip Code
94965FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Preventive Medicine Research InstituteOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2024

Transaction ID : SA11AI.43935

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Ornish, Dean, , ,

Mailing Address 900 Bridgeway

City
SausalitoState
CAZip Code
94965FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Preventive Medicine Research InstituteOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.43936

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Paquette, Elissa, , ,

Mailing Address #11 Pt. Sewall Rd.

City
WolfeboroState
NHZip Code
03894FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Salmon PressOccupation (for Individual)
journalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2024

Transaction ID : SA11AI.43951

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Parks, Lee, , ,

Mailing Address 500 Porterford Rd

City
UnionState
MOZip Code
63084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11AI.43952

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Parks, Lee, , ,

Mailing Address 500 Porterford Rd

City
UnionState
MOZip Code
63084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2024

Transaction ID : SA11AI.43953

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Parks, Lee, , ,

Mailing Address 500 Porterford Rd

City
UnionState
MOZip Code
63084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11Al.43954

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Passon, Gary, , ,

Mailing Address 1390 S. Kihei Rd

City
KiheiState
HIZip Code
96753FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2024

Transaction ID : SA11Al.43960

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Pearce, Mary Milburn, , ,

Mailing Address 11115 NE 160th Pl

City
BothellState
WAZip Code
98011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Norway Hill Business SolutionsOccupation (for Individual)
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2024

Transaction ID : SA11Al.43972

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Permaul, Nadesan, , ,

Mailing Address 104 Cambridge Way

City
PiedmontState
CAZip Code
94611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.43989

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Perrigo, Carolyn, , ,

Mailing Address 106 Ticino Rd

City
New BernState
NCZip Code
28562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.43991

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Perrigo, Carolyn, , ,

Mailing Address 106 Ticino Rd

City
New BernState
NCZip Code
28562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2024

Transaction ID : SA11AI.43992

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 83 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Perron, Elizabeth B., , ,

Mailing Address 37 North st.

City
AndoverState
MAZip Code
01810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nokia CorporationOccupation (for Individual)
project mgr master data

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.43993

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Pipkin, Jon, , ,

Mailing Address 1305 Sweetwater Cove #101

City
NaplesState
FLZip Code
34110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2024

Transaction ID : SA11AI.44023

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Pomeroy, Ellen, , ,

Mailing Address 60 East End Ave

City
New YorkState
NYZip Code
10028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2024

Transaction ID : SA11AI.44030

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 84 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Pomeroy, Ellen, , ,

Mailing Address 60 East End Ave

City
New YorkState
NYZip Code
10028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2024

Transaction ID : SA11AI.44031

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Pomeroy, Ellen, , ,

Mailing Address 60 East End Ave

City
New YorkState
NYZip Code
10028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.44032

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Pomeroy, Ellen, , ,

Mailing Address 60 East End Ave

City
New YorkState
NYZip Code
10028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2024

Transaction ID : SA11AI.44033

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 264

(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Pomeroy, Ellen, , ,

Mailing Address 60 East End Ave

City
New YorkState
NYZip Code
10028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11AI.44034

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Public Results LLCMailing Address 2045 W. Grand Ave
Suite BCity
ChicagoState
ILZip Code
60612FEC 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 ▼

603.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2024

Transaction ID : SA11AI.45141

Amount of Each Receipt this Period

603.00

☐ Memo Item

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

C. Landau, Yoni, , ,

Mailing Address 2045 W. Grand Ave

City
ChicagoState
ILZip Code
60612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Public Results LLCOccupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

603.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2024

Transaction ID : SA11AI.45141.0

Amount of Each Receipt this Period

603.00

☒ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

653.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 264

(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Public Results LLCMailing Address 2045 W. Grand Ave
Suite BCity
ChicagoState
ILZip Code
60612FEC 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 ▼

3603.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2024

Transaction ID : SA11AI.45143

Amount of Each Receipt this Period

3000.00

☐ Memo Item

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

B. Landau, Yoni, , ,

Mailing Address 2045 W. Grand Ave

City
ChicagoState
ILZip Code
60612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Public Results LLCOccupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3603.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2024

Transaction ID : SA11AI.45143.0

Amount of Each Receipt this Period

3000.00

☒ Memo Item

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

C. Rafferty, John, , ,

Mailing Address 17 Blueberry Hill Dr.

City
Livingston ManorState
NYZip Code
12758FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2024

Transaction ID : SA11AI.44066

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3075.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 87 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Rafferty, Moira, , ,

Mailing Address 3214 Landon Street

City
LynchburgState
VAZip Code
24503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Associates of Central VirginiaOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2024

Transaction ID : SA11AI.44067

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Rafferty, Moira, , ,

Mailing Address 3214 Landon Street

City
LynchburgState
VAZip Code
24503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Associates of Central VirginiaOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2024

Transaction ID : SA11AI.44068

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Rafferty, Moira, , ,

Mailing Address 3214 Landon Street

City
LynchburgState
VAZip Code
24503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Associates of Central VirginiaOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.44069

Amount of Each Receipt this Period

180.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

680.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 88 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Rafferty, Moira, , ,

Mailing Address 3214 Landon Street

City
LynchburgState
VAZip Code
24503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Associates of Central VirginiaOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.44070

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Rafferty, Moira, , ,

Mailing Address 3214 Landon Street

City
LynchburgState
VAZip Code
24503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Associates of Central VirginiaOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2024

Transaction ID : SA11AI.44071

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Reinhardt, William, , ,

Mailing Address 1613 New Scotland Road

City
SlingerlandsState
NYZip Code
12159FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not employedOccupation (for Individual)
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.44106

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 89 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Reisel, Karl, , ,

Mailing Address 1563 Riverdale Dr.

City
OconomowocState
WIZip Code
53066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11AI.44108

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Reisel, Karl, , ,

Mailing Address 1563 Riverdale Dr.

City
OconomowocState
WIZip Code
53066FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2024

Transaction ID : SA11AI.44109

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Reiser, Amy, , ,

Mailing Address 36 Fairview Ave

City
NorthamptonState
MAZip Code
01060FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not employedOccupation (for Individual)
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.44110

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 264

(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Reiser, Amy, , ,

Mailing Address 36 Fairview Ave

City
NorthamptonState
MAZip Code
01060FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not employedOccupation (for Individual)
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2024

Transaction ID : SA11AI.44111

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Reiser, Amy, , ,

Mailing Address 36 Fairview Ave

City
NorthamptonState
MAZip Code
01060FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not employedOccupation (for Individual)
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.44112

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Ribe, Susan, , ,

Mailing Address 12820 Matey Rd

City
Silver SpringState
MDZip Code
20906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAN SofttechOccupation (for Individual)
Data Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.44121

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

345.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 91 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Rideout, Ransom, , ,

Mailing Address 205 E. Loma Alta Dr.

City
AltadenaState
CAZip Code
91001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CSUN College of Science and MathematiOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2024

Transaction ID : SA11AI.44123

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Rideout, Ransom, , ,

Mailing Address 205 E. Loma Alta Dr.

City
AltadenaState
CAZip Code
91001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CSUN College of Science and MathematiOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.44124

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Rideout, Ransom, , ,

Mailing Address 205 E. Loma Alta Dr.

City
AltadenaState
CAZip Code
91001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CSUN College of Science and MathematiOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.44125

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 92 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Riecker, John, , ,

Mailing Address P.O. Box 983

City
SaladoState
TXZip Code
76571FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
futures trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2024

Transaction ID : SA11AI.44126

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Riecker, John, , ,

Mailing Address P.O. Box 983

City
SaladoState
TXZip Code
76571FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
futures trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2024

Transaction ID : SA11AI.44127

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Riekse, Meredith, , ,

Mailing Address 235 Berry St Apt 113

City
San FranciscoState
CAZip Code
94158FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.44128

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 93 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Riekse, Meredith, , ,

Mailing Address 235 Berry St Apt 113

City
San FranciscoState
CAZip Code
94158FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.44129

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Ritenbaugh, Cheryl, , ,

Mailing Address 4917 Oliver Ave S

City
MinneapolisState
MNZip Code
55419-5256FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2024

Transaction ID : SA11AI.44133

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Robin, Carol, , ,

Mailing Address 269 John Joy Rd.

City
WoodstockState
NYZip Code
12498FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11AI.44138

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 94 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Robin, Carol, , ,

Mailing Address 269 John Joy Rd.

City
WoodstockState
NYZip Code
12498FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2024

Transaction ID : SA11AI.44139

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Robin, Carol, , ,

Mailing Address 269 John Joy Rd.

City
WoodstockState
NYZip Code
12498FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2024

Transaction ID : SA11AI.44140

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

C. Roth, David R, , ,

Mailing Address 3936 SE Ankeny St

City
portlandState
ORZip Code
97214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2024

Transaction ID : SA11AI.44183

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

117.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 264

(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Roth, David R, , ,

Mailing Address 3936 SE Ankeny St

City
portlandState
ORZip Code
97214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2024

Transaction ID : SA11AI.44184

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Rothbarth, Jean, , ,

Mailing Address 1201 S.Prairie Ave. #1403

City
ChicagoState
ILZip Code
60605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.44186

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Ruscetta, Aaron, , ,

Mailing Address 601 Webster Drive

City
DecaturState
GAZip Code
30033-5434FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
Video and Digital Media Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2024

Transaction ID : SA11AI.44206

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 96 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. russak, fern, , ,

Mailing Address 938 ne hazelfern pl

City
portlandState
ORZip Code
97232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
nw permanenteOccupation (for Individual)
pediatrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.44208

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. russak, fern, , ,

Mailing Address 938 ne hazelfern pl

City
portlandState
ORZip Code
97232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
nw permanenteOccupation (for Individual)
pediatrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.44209

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. russak, fern, , ,

Mailing Address 938 ne hazelfern pl

City
portlandState
ORZip Code
97232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
nw permanenteOccupation (for Individual)
pediatrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.44210

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. russak, fern, , ,

Mailing Address 938 ne hazelfern pl

City
portlandState
ORZip Code
97232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
nw permanenteOccupation (for Individual)
pediatrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.44211

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. russak, fern, , ,

Mailing Address 938 ne hazelfern pl

City
portlandState
ORZip Code
97232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
nw permanenteOccupation (for Individual)
pediatrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.44212

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. russak, fern, , ,

Mailing Address 938 ne hazelfern pl

City
portlandState
ORZip Code
97232FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
nw permanenteOccupation (for Individual)
pediatrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.44213

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 98 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Safier, Renee, , ,

Mailing Address 516 N. Francisco Ave.

City
unit CState
CAZip Code
90277FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.44228

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Safier, Renee, , ,

Mailing Address 516 N. Francisco Ave.

City
unit CState
CAZip Code
90277FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
musician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2024

Transaction ID : SA11AI.44229

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Sasso, Scott, , ,

Mailing Address 358 12th Street #1L

City
BrooklynState
NYZip Code
11215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Therapists of NYOccupation (for Individual)
Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2024

Transaction ID : SA11AI.44244

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 99 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Saval, Maureen, , ,

Mailing Address 3603 Lajitas

City
LeanderState
TXZip Code
78641-3654FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.44253

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Schaffer, Ariane, , ,

Mailing Address 741 West End Ave 4A

City
New YorkState
NYZip Code
10025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GoogleOccupation (for Individual)
Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.44254

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Schroeder, Cynthia, , ,

Mailing Address 1844 E 11th Ave.

City
SpokaneState
WAZip Code
99202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.44275

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Schroeder, Cynthia, , ,

Mailing Address 1844 E 11th Ave.

City
SpokaneState
WAZip Code
99202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2024

Transaction ID : SA11AI.44276

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Schwab, Nichole, , ,

Mailing Address 6204 Loukelton Cir

City
San DiegoState
CAZip Code
92120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scripps healthOccupation (for Individual)
Perinatal educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.44288

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Seldin, Edward, , ,

Mailing Address 6 William Road

City
South BerwickState
MEZip Code
03908FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2024

Transaction ID : SA11AI.44307

Amount of Each Receipt this Period

140.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 101 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Share, Robin, , ,

Mailing Address 4414 Kester Ave.

City
Sherman OaksState
CAZip Code
91403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.44326

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Share, Robin, , ,

Mailing Address 4414 Kester Ave.

City
Sherman OaksState
CAZip Code
91403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.44327

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Silver, Patricia, , ,

Mailing Address 901 Arlington Ave

City
BerkeleyState
CAZip Code
94707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Z SpaceOccupation (for Individual)
actor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.44367

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 102 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Silver, Patricia, , ,

Mailing Address 901 Arlington Ave

City
BerkeleyState
CAZip Code
94707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Z Space

Occupation (for Individual)

actor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.44368

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Slotnick, Jon, , ,

Mailing Address 4267 Le Bourget Ave.

City
Culver CityState
CAZip Code
90232FEC 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 ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2024

Transaction ID : SA11AI.44399

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Smith, David, , ,

Mailing Address 33 Sovereign Way

City
Fort PierceState
FLZip Code
34949FEC 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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2024

Transaction ID : SA11AI.44404

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 103 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Smith, David, , ,

Mailing Address 33 Sovereign Way

City
Fort PierceState
FLZip Code
34949FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2024

Transaction ID : SA11AI.44405

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Smudz, Susan, , ,

Mailing Address 4655 Haymarket

City
ColumbusState
OHZip Code
43220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.44418

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

C. Smudz, Susan, , ,

Mailing Address 4655 Haymarket

City
ColumbusState
OHZip Code
43220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6035.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2024

Transaction ID : SA11AI.44419

Amount of Each Receipt this Period

170.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

440.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 104 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Smudz, Susan, , ,

Mailing Address 4655 Haymarket

City
ColumbusState
OHZip Code
43220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 02 / 2024

Transaction ID : SA11AI.44420

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

B. Smudz, Susan, , ,

Mailing Address 4655 Haymarket

City
ColumbusState
OHZip Code
43220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.44421

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Smudz, Susan, , ,

Mailing Address 4655 Haymarket

City
ColumbusState
OHZip Code
43220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6415.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.44422

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

380.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 105 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Smudz, Susan, , ,

Mailing Address 4655 Haymarket

City
ColumbusState
OHZip Code
43220FEC 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 ▼

6500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2024

Transaction ID : SA11AI.44423

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Smudz, Susan, , ,

Mailing Address 4655 Haymarket

City
ColumbusState
OHZip Code
43220FEC 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 ▼

6800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 16 / 2024

Transaction ID : SA11AI.44424

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Smudz, Susan, , ,

Mailing Address 4655 Haymarket

City
ColumbusState
OHZip Code
43220FEC 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 ▼

6900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2024

Transaction ID : SA11AI.44425

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

485.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Smudz, Susan, , ,

Mailing Address 4655 Haymarket

City
ColumbusState
OHZip Code
43220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11AI.44426

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Solez, Elaine, , ,

Mailing Address 8711 Saskatchewan Drive

City
EdmontonState
ZZ

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2024

Transaction ID : SA11AI.44438

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Solez, Elaine, , ,

Mailing Address 8711 Saskatchewan Drive

City
EdmontonState
ZZ

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2024

Transaction ID : SA11AI.44439

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 107 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Sorensen, Robert, , ,

Mailing Address 233 Brewery Rd

City
New CityState
NYZip Code
10956FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2024

Transaction ID : SA11AI.44447

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

B. stine, sue, , ,

Mailing Address 53 Stone Road

City
SudburyState
MAZip Code
01776FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Town of SudburyOccupation (for Individual)
library asst.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2024

Transaction ID : SA11AI.44491

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. stine, sue, , ,

Mailing Address 53 Stone Road

City
SudburyState
MAZip Code
01776FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Town of SudburyOccupation (for Individual)
library asst.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.44492

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. stine, sue, , ,

Mailing Address 53 Stone Road

City
SudburyState
MAZip Code
01776FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Town of SudburyOccupation (for Individual)
library asst.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2024

Transaction ID : SA11AI.44493

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Strid, Eric, , ,

Mailing Address 545 Sw Waubish St

City

White Salmon

State

WA

Zip Code

98672

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

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
11 / 10 / 2024

Transaction ID : SA11AI.44499

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Strid, Eric, , ,

Mailing Address 545 Sw Waubish St

City

White Salmon

State

WA

Zip Code

98672

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2024

Transaction ID : SA11AI.44500

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 109 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Strid, Eric, , ,

Mailing Address 545 Sw Waubish St

City
White SalmonState
WAZip Code
98672FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11AI.44501

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Stroughair, John, , ,

Mailing Address 124 N Prince St

City
ShippensburgState
PAZip Code
17257FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.44502

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

C. Tatlock, Betsy, , ,

Mailing Address 37801 N Cave Creek Rd #37

City
Cave CreekState
AZZip Code
85331FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.44554

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Thomas, Vonne, , ,

Mailing Address PO Box 518

City
GarbervilleState
CAZip Code
95542FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2024

Transaction ID : SA11AI.44589

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Tyler, Bridget, , ,

Mailing Address 5920 Sw Quietcreek Dr

City
CorvallisState
ORZip Code
97333FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.44633

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Ulrich, Joyce, , ,

Mailing Address 20640 Audette Street

City
DearbornState
MIZip Code
48124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.44638

Amount of Each Receipt this Period

45.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Ulrich, Joyce, , ,

Mailing Address 20640 Audette Street

City
DearbornState
MIZip Code
48124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2024

Transaction ID : SA11AI.44639

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

B. Ulrich, Joyce, , ,

Mailing Address 20640 Audette Street

City
DearbornState
MIZip Code
48124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2024

Transaction ID : SA11AI.44640

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

C. Voorhees, Scott, , ,

Mailing Address Upton Grey Place Upton Grey

City
BasingstokeState
ZZ

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Industrial DesignerOccupation (for Individual)
Stored Solar

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.44709

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 112 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Voorhees, Scott, , ,

Mailing Address Upton Grey Place Upton Grey

City
BasingstokeState
ZZ

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Industrial DesignerOccupation (for Individual)
Stored Solar

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2024

Transaction ID : SA11AI.44710

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Wappler, David, , ,

Mailing Address 6250 Telegraph Road Apt 1210

City
VenturaState
CAZip Code
93003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
Wildlife Biologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11AI.44747

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Weaver, Douglas, , ,

Mailing Address 4471 Dogwood Ct

City
North CantonState
OHZip Code
44720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Goodyear TireOccupation (for Individual)
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2024

Transaction ID : SA11AI.44770

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 113 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Weaver, Douglas, , ,

Mailing Address 4471 Dogwood Ct

City
North CantonState
OHZip Code
44720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Goodyear Tire

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2024

Transaction ID : SA11AI.44771

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Weaver, Douglas, , ,

Mailing Address 4471 Dogwood Ct

City
North CantonState
OHZip Code
44720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Goodyear Tire

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2024

Transaction ID : SA11AI.44772

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Weaver, Douglas, , ,

Mailing Address 4471 Dogwood Ct

City
North CantonState
OHZip Code
44720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Goodyear Tire

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2024

Transaction ID : SA11AI.44773

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 114 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Weaver, Douglas, , ,

Mailing Address 4471 Dogwood Ct

City
North CantonState
OHZip Code
44720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Goodyear Tire

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.44774

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Weaver, Douglas, , ,

Mailing Address 4471 Dogwood Ct

City
North CantonState
OHZip Code
44720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Goodyear Tire

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.44775

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Weaver, Douglas, , ,

Mailing Address 4471 Dogwood Ct

City
North CantonState
OHZip Code
44720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Goodyear Tire

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2024

Transaction ID : SA11AI.44776

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 115 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Weaver, Douglas, , ,

Mailing Address 4471 Dogwood Ct

City
North CantonState
OHZip Code
44720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Goodyear Tire

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11AI.44777

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Weaver, Douglas, , ,

Mailing Address 4471 Dogwood Ct

City
North CantonState
OHZip Code
44720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Goodyear Tire

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2024

Transaction ID : SA11AI.44778

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Weaver, Douglas, , ,

Mailing Address 4471 Dogwood Ct

City
North CantonState
OHZip Code
44720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Goodyear Tire

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11AI.44779

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 264

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Weil, Jesse, , ,

Mailing Address 3451 Redcoach Trail

City
LexixngtonState
KYZip Code
40517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11AI.44788

Amount of Each Receipt this Period

108.00

☐ Memo Item

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

B. Weil, Jesse, , ,

Mailing Address 3451 Redcoach Trail

City
LexixngtonState
KYZip Code
40517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2024

Transaction ID : SA11AI.44789

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Weil, Jesse, , ,

Mailing Address 3451 Redcoach Trail

City
LexixngtonState
KYZip Code
40517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2024

Transaction ID : SA11AI.44790

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

183.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 117 OF 264
(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Weil, Jesse, , ,

Mailing Address 3451 Redcoach Trail

City
LexixngtonState
KYZip Code
40517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2024

Transaction ID : SA11AI.44791

Amount of Each Receipt this Period

108.00

☐ Memo Item

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

B. Weil, Jesse L, , ,

Mailing Address 3451 Redcoach Trail

City
LexingtonState
KYZip Code
40517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2024

Transaction ID : SA11AI.44792

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Weiner, Justin, , ,

Mailing Address 409 S Bruner St

City
HinsdaleState
ILZip Code
60521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthwesternOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2024

Transaction ID : SA11AI.44793

Amount of Each Receipt this Period

60.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

193.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 264

(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Weiner, Justin, , ,

Mailing Address 409 S Bruner St

City
HinsdaleState
ILZip Code
60521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthwesternOccupation (for Individual)
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.44794

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Wiedmann, John, , ,

Mailing Address 861 E. Bennett Ave.

City
GlendoraState
CAZip Code
91741FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2024

Transaction ID : SA11AI.44828

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Wilkerson, Don, , ,

Mailing Address 5780 Waterbury Way #L

City
Salt Lake CityState
UTZip Code
84121-1142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2024

Transaction ID : SA11AI.44841

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 119 OF 264
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Wolanin, Peter, , ,

Mailing Address 2144 Green St

City
PhiladelphiaState
PAZip Code
19130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Research Applications & Financial TracOccupation (for Individual)
software engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 12 / 2024

Transaction ID : SA11AI.44864

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Wolanin, Peter, , ,

Mailing Address 2144 Green St

City
PhiladelphiaState
PAZip Code
19130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Research Applications & Financial TracOccupation (for Individual)
software engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2024

Transaction ID : SA11AI.44865

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Wolanin, Peter, , ,

Mailing Address 2144 Green St

City
PhiladelphiaState
PAZip Code
19130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Research Applications & Financial TracOccupation (for Individual)
software engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2024

Transaction ID : SA11AI.44866

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 264

(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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Wright, Carolyn, , ,

Mailing Address 3002 Mill Creek Rd.

City

The Dalles

State

OR

Zip Code

97058

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2024

Transaction ID : SA11AI.44881

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

B. Wright, John, , ,

Mailing Address 1025 Stoney Creek Lane

City

Mt Pleasant

State

MI

Zip Code

48858

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

536.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2024

Transaction ID : SA11AI.44884

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Wright, John, , ,

Mailing Address 1025 Stoney Creek Lane

City

Mt Pleasant

State

MI

Zip Code

48858

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

586.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2024

Transaction ID : SA11AI.44885

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

167.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 121 OF 264
(check only one)

<input checked="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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Yoshino, Anne, , ,

Mailing Address 6091 N CAMINO DE MICHAEL

City
TUCSONState
AZZip Code
85718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2024

Transaction ID : SA11AI.44899

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Yoshino, Anne, , ,

Mailing Address 6091 N CAMINO DE MICHAEL

City
TUCSONState
AZZip Code
85718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2024

Transaction ID : SA11AI.44900

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Yoshino, Anne, , ,

Mailing Address 6091 N CAMINO DE MICHAEL

City
TUCSONState
AZZip Code
85718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2024

Transaction ID : SA11AI.44901

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

48047.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. TOGETHER WE ELECT PAC

Mailing Address 5 CASTLE ROAD

City
LEXINGTONState
MAZip Code
02420FEC ID number of contributing
federal political committee.

C

C00812479

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
10		18		2024

Transaction ID : SA11C.45136

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B.

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

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**SUBTOTAL** of Receipts This Page (optional)..... ►

5000.00

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

5000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 123 OF 264
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. Alsop, Joseph, , ,

Mailing Address 675 C Hale St

City
BeverlyState
MAZip Code
01915FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Alsop Louie PartnersOccupation (for Individual)
Venture Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2024**Transaction ID : SA17.41908**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Contribution - IE Only Account

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

B. GRASSROOTS DEMOCRATS HQ

Mailing Address 249 E OCEAN BL #685

City
LONG BEACHState
CAZip Code
90802FEC ID number of contributing
federal political committee.**C** C00707091

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

133000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2024**Transaction ID : SA17.41910**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Contribution - IE Only Account

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

C. Harris, William H., , ,

Mailing Address 1010 Waltham St

City
LexingtonState
MAZip Code
02421FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2024**Transaction ID : SA17.41906**

Amount of Each Receipt this Period

30000.00

☐ Memo Item

Contribution - IE Only Account

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

65000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 124 OF 264
(check only one)

<input 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 checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

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

A. VOTE SAVE AMERICAMailing Address 611 PENNSYLVANIA AVE SE
NUM 143City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.**C** C00835587

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2024

Transaction ID : SA17.41904

Amount of Each Receipt this Period

6000.00

☐ Memo Item

Contribution - IE Only Account

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

B.

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

71000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 125 OF 264

<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

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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address PO Box 441146

City
SomervilleState
MAZip Code
02144

Purpose of Disbursement

Credit Card Processing 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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.44921**

Amount of Each Disbursement this Period

5115.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Action Squared LLCMailing Address 1900 L Street, NW
Suite 900City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Database Management

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45186**

Amount of Each Disbursement this Period

10.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Action Squared LLCMailing Address 1900 L Street, NW
Suite 900City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Database Management

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45795**

Amount of Each Disbursement this Period

2224.73

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7350.60

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 126 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Action Squared LLCMailing Address 1900 L Street, NW
Suite 900City
WashingtonState
DCZip Code
20036

Purpose of Disbursement

Database Management

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45818**

Amount of Each Disbursement this Period

46.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adams, Sivan M., , ,Mailing Address 415 South Street
MB 1492City
WalthamState
MAZip Code
02453

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45204**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Adams, Sivan M., , ,Mailing Address 415 South Street
MB 1492City
WalthamState
MAZip Code
02453

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45205**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

421.32

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Adekoya, Olamide A., , ,

Mailing Address 2268 Spruce Street

City
EwingState
NJZip Code
08638

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45206**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adekoya, Olamide A., , ,

Mailing Address 2268 Spruce Street

City
EwingState
NJZip Code
08638

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45207**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Agahi, Rana, , ,

Mailing Address 57 Cypress

City
IrvineState
CAZip Code
92618

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C**Transaction ID : SB21B.45765**

Amount of Each Disbursement this Period

600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

975.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Aggarwal, amiya, , ,

Mailing Address 12525 E Altadena Ave.

City
ScottsdaleState
AZZip Code
85259

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45208**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Aggarwal, amiya, , ,

Mailing Address 12525 E Altadena Ave.

City
ScottsdaleState
AZZip Code
85259

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45209**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ahmed, Amina, , ,Mailing Address 9450 Gilman Dr.
#45730City
La JollaState
CAZip Code
92092

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45211**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Ahmed, Amina, , ,Mailing Address 9450 Gilman Dr.
#45730City
La JollaState
CAZip Code
92092

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45211**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Akuamoah-Boateng, Bri, , ,

Mailing Address 20449 Watkins Meadow Dr.

City
GermantownState
MDZip Code
20876

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45212**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Akuamoah-Boateng, Bri, , ,

Mailing Address 20449 Watkins Meadow Dr.

City
GermantownState
MDZip Code
20876

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45213**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Alava, Anna, , ,

Mailing Address 125 Big Oak Rd.

City
YardleyState
PAZip Code
19067

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45214**

Amount of Each Disbursement this Period

75.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Alava, Anna, , ,

Mailing Address 125 Big Oak Rd.

City
YardleyState
PAZip Code
19067

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45215**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Alvarez, Tessa S., , ,Mailing Address 1233 N. Orange Grove
Apt. 7City
West HollywoodState
CAZip Code
90046

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45216**

Amount of Each Disbursement this Period

155.00

☐

Memo Item

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

380.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Alvarez, Tessa S., , ,Mailing Address 1233 N. Orange Grove
Apt. 7City
West HollywoodState
CAZip Code
90046

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45217**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K Street, N.W

City
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Bank Charges

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45487**

Amount of Each Disbursement this Period

32.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ambre, Esha, , ,

Mailing Address 4297 Chetwood Ave

City
FremontState
CAZip Code
94538

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45218**

Amount of Each Disbursement this Period

75.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

332.63

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Ambre, Esha, , ,

Mailing Address 4297 Chetwood Ave

City
FremontState
CAZip Code
94538

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45219**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Avendano, Samuel S., , ,

Mailing Address 9728 Odessa Ave.

City
North HillsState
CAZip Code
91343

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45220**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Avendano, Samuel S., , ,

Mailing Address 9728 Odessa Ave.

City
North HillsState
CAZip Code
91343

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45221**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

450.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Banks, Audrey E., , ,Mailing Address 1959 E St. NW
#405City
WashingtonState
DCZip Code
20052

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45222**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Banks, Audrey E., , ,Mailing Address 1959 E St. NW
#405City
WashingtonState
DCZip Code
20052

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45223**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barbis, Claire Elise V., , ,

Mailing Address 2536 W Stuart Ave.

City
FresnoState
CAZip Code
93711

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45224**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Barbis, Claire Elise V., , ,

Mailing Address 2536 W Stuart Ave.

City
FresnoState
CAZip Code
93711

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45225**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Batada, Rayan, , ,

Mailing Address 5275 Winflow Way

City
SuwaneeState
GAZip Code
30024

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45226**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Batada, Rayan, , ,

Mailing Address 5275 Winflow Way

City
SuwaneeState
GAZip Code
30024

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45227**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Baugh, Jakarri J, , ,Mailing Address 3601 W 120th St.
2NCity
AlsipState
ILZip Code
60803

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45228**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Baugh, Jakarri J, , ,Mailing Address 3601 W 120th St.
2NCity
AlsipState
ILZip Code
60803

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45229**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Baum, Andrew, , ,

Mailing Address 3287 Avenida La Cima

City
CarlsbadState
CAZip Code
92009

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45230**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 136 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Baum, Andrew, , ,

Mailing Address 3287 Avenida La Cima

City
CarlsbadState
CAZip Code
92009

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45231**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Baum, Shane M., , ,

Mailing Address 3287 Avenida La Cima

City
CarlsbadState
CAZip Code
92009

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45232**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Baum, Shane M., , ,

Mailing Address 3287 Avenida La Cima

City
CarlsbadState
CAZip Code
92009

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45233**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 137 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Behravan, Rodin, , ,

Mailing Address 39 Spinnaker

City
IrvineState
CAZip Code
92614

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45234**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Behravan, Rodin, , ,

Mailing Address 39 Spinnaker

City
IrvineState
CAZip Code
92614

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45235**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Black, Lolajeanne, , ,

Mailing Address 8828 E Riviera Dr.

City
ScottsdaleState
AZZip Code
85260

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45236**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Black, Lolajeanne, , ,

Mailing Address 8828 E Riviera Dr.

City
ScottsdaleState
AZZip Code
85260

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C **Transaction ID : SB21B.45237**

Amount of Each Disbursement this Period

 225.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Burrell, Tyronne M., , ,

Mailing Address 805 Huckleberry Ln.

City
GretnaState
LAZip Code
70056

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C **Transaction ID : SB21B.45238**

Amount of Each Disbursement this Period

 150.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Burrell, Tyronne M., , ,

Mailing Address 805 Huckleberry Ln.

City
GretnaState
LAZip Code
70056

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C **Transaction ID : SB21B.45238**

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Cabello-Garcia, Hilda C., , ,

Mailing Address 135 East 1st St.

City
StocktonState
CAZip Code
95206

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C **Transaction ID : SB21B.45240**

Amount of Each Disbursement this Period

 150.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cabello-Garcia, Hilda C., , ,

Mailing Address 135 East 1st St.

City
StocktonState
CAZip Code
95206

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C **Transaction ID : SB21B.45241**

Amount of Each Disbursement this Period

 225.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cacnio, Jan Dwayne A., , ,

Mailing Address 8822 N 40th Ave.

City
PhoenixState
AZZip Code
85051

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C **Transaction ID : SB21B.45242**

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 140 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Cacnio, Jan Dwayne A., , ,

Mailing Address 8822 N 40th Ave.

City
PhoenixState
AZZip Code
85051

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45243**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cai, Jessie X., , ,

Mailing Address 10304 Congressional Ct.

City
Ellicott CityState
MDZip Code
21042

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45244**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cai, Jessie X., , ,

Mailing Address 10304 Congressional Ct.

City
Ellicott CityState
MDZip Code
21042

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45245**

Amount of Each Disbursement this Period

75.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Campbell, Isabella, , ,

Mailing Address 15462 Arroyo Drive

City
IrvineState
CAZip Code
92617

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45246**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Campbell, Isabella, , ,

Mailing Address 15462 Arroyo Drive

City
IrvineState
CAZip Code
92617

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45247**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cao, Anson, , ,Mailing Address 466 58th St.
1FCity
BrooklynState
NYZip Code
11220

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45248**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 142 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Cao, Anson, , ,Mailing Address 466 58th St.
1FCity
BrooklynState
NYZip Code
11220

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45249**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Carman, Veronica, , ,Mailing Address 10488 Eastborne Ave.
Apt 310City
Los AngelesState
CAZip Code
90024

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45250**

Amount of Each Disbursement this Period

75.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Carman, Veronica, , ,Mailing Address 10488 Eastborne Ave.
Apt 310City
Los AngelesState
CAZip Code
90024

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45251**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

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

375.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Carter, Taylor A., , ,

Mailing Address 25480 Water Wheel Ct

City
MenifeeState
CAZip Code
92584

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.45252**

Amount of Each Disbursement this Period

 75.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carter, Taylor A., , ,

Mailing Address 25480 Water Wheel Ct

City
MenifeeState
CAZip Code
92584

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C **Transaction ID : SB21B.45253**

Amount of Each Disbursement this Period

 75.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chavez, Noelia, , ,

Mailing Address 205 W 26th St.

City
SanfordState
FLZip Code
32773

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.45254**

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 300.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Chavez, Noelia, , ,

Mailing Address 205 W 26th St.

City
SanfordState
FLZip Code
32773

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45255**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Cho, Hannah, , ,

Mailing Address 6201 Mirasol

City
IrvineState
CAZip Code
92620

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45256**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Cho, Hannah, , ,

Mailing Address 6201 Mirasol

City
IrvineState
CAZip Code
92620

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45257**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

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

600.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Chow, Julia, , ,

Mailing Address 7 Blueberry Hill Road

City
WestonState
MAZip Code
02493

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45258**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chow, Julia, , ,

Mailing Address 7 Blueberry Hill Road

City
WestonState
MAZip Code
02493

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45259**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cooper, Mumtaz, , ,

Mailing Address 565 Adams Ave.

City
ElizabethState
NJZip Code
07201

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45260**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Cooper, Mumtaz, , ,

Mailing Address 565 Adams Ave.

City
ElizabethState
NJZip Code
07201

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45261**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Danan, Amelia K, , ,

Mailing Address 1775 Timber Trail

City
Ann ArborState
MIZip Code
48103

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45262**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Danan, Amelia K, , ,

Mailing Address 1775 Timber Trail

City
Ann ArborState
MIZip Code
48103

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45263**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Daranijoh, Hameed O., , ,

Mailing Address 4750 Bahama Lane

City
PortageState
MIZip Code
49002

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45264**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Daranijoh, Hameed O., , ,

Mailing Address 4750 Bahama Lane

City
PortageState
MIZip Code
49002

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45265**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Darrow, Lydia, , ,Mailing Address 370 Riverside Dr.
7DCity
New YorkState
NYZip Code
10025

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45266**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 148 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Darrow, Lydia, , ,Mailing Address 370 Riverside Dr.
7DCity
New YorkState
NYZip Code
10025

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C **Transaction ID : SB21B.45267**

Amount of Each Disbursement this Period

 225.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Darrow, Lydia, , ,Mailing Address 370 Riverside Dr.
7DCity
New YorkState
NYZip Code
10025

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2024			

FEC Identification Number

C **Transaction ID : SB21B.45776**

Amount of Each Disbursement this Period

 5.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dekle, Charlotte R., , ,

Mailing Address 428 Grand Avenue

City
South PasadenaState
CAZip Code
91030

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C **Transaction ID : SB21B.45268**

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 380.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 149 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Dekle, Charlotte R., , ,

Mailing Address 428 Grand Avenue

City
South PasadenaState
CAZip Code
91030

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45269**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Dutta, Anya, , ,

Mailing Address 1775 Westwind Way

City
McLeanState
VAZip Code
22102

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45270**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Dutta, Anya, , ,

Mailing Address 1775 Westwind Way

City
McLeanState
VAZip Code
22102

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45271**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

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

600.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Ebiye-Onyibe, Ebubechukwu, , ,

Mailing Address 1020 W Bloomwood Road

City
San PedroState
CAZip Code
90731

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45272**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Ebiye-Onyibe, Ebubechukwu, , ,

Mailing Address 1020 W Bloomwood Road

City
San PedroState
CAZip Code
90731

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45273**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Erdly-Liang, Miles, , ,

Mailing Address 40 Beechknoll Road

City
New YorkState
NYZip Code
11375

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45274**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

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

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Erdly-Liang, Miles, , ,

Mailing Address 40 Beechnoll Road

City
New YorkState
NYZip Code
11375

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C **Transaction ID : SB21B.45275**

Amount of Each Disbursement this Period

 75.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Esayas, Joseias, , ,

Mailing Address 11810 Lelda Ln.

City
HoustonState
TXZip Code
77071

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.45276**

Amount of Each Disbursement this Period

 150.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Esayas, Joseias, , ,

Mailing Address 11810 Lelda Ln.

City
HoustonState
TXZip Code
77071

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C **Transaction ID : SB21B.45277**

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 375.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Esfandiari, Rose, , ,

Mailing Address 112 Greenmoor

City
IrvineState
CAZip Code
92614

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45278**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Esfandiari, Rose, , ,

Mailing Address 112 Greenmoor

City
IrvineState
CAZip Code
92614

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45279**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fischer, Leah, , ,

Mailing Address 1065 Napoli Drive

City
Pacific PalisadesState
CAZip Code
90272

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45280**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Fischer, Leah, , ,

Mailing Address 1065 Napoli Drive

City
Pacific PalisadesState
CAZip Code
90272

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45281**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Flowers, Lonyah, , ,

Mailing Address 44110 Carolside Avenue

City
LancasterState
CAZip Code
93535

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45282**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Flowers, Lonyah, , ,

Mailing Address 44110 Carolside Avenue

City
LancasterState
CAZip Code
93535

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45283**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Fox, Ruby H, , ,

Mailing Address 10575 Bradbury Rd.

City
Los AngelesState
CAZip Code
90064

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y
10				28				2024			

FEC Identification Number

C**Transaction ID : SB21B.45192**

Amount of Each Disbursement this Period

155.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Garcia, Madeline G., , ,

Mailing Address 207 Holiday Dr.

City
PlainfieldState
INZip Code
46168

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y
10				29				2024			

FEC Identification Number

C**Transaction ID : SB21B.45284**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Garcia, Madeline G., , ,

Mailing Address 207 Holiday Dr.

City
PlainfieldState
INZip Code
46168

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y
11				15				2024			

FEC Identification Number

C**Transaction ID : SB21B.45285**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

530.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Ghalamsiah, Baback B., , ,Mailing Address 656 Grant Ave.
Floor 1City
MaywoodState
NJZip Code
07607

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45286**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ghalamsiah, Baback B., , ,Mailing Address 656 Grant Ave.
Floor 1City
MaywoodState
NJZip Code
07607

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45287**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GoDaddy.com

Mailing Address 2155 E. GoDaddy Way

City
TempeState
AZZip Code
85284

Purpose of Disbursement

Website Domain

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2024			

FEC Identification Number

C**Transaction ID : SB21B.45802**

Amount of Each Disbursement this Period

204.04

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

579.04

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. GoDaddy.com

Mailing Address 2155 E. GoDaddy Way

City
TempeState
AZZip Code
85284

Purpose of Disbursement

Website Domain

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45817**

Amount of Each Disbursement this Period

10.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Goldberg, Yisroel, , ,

Mailing Address 190-49 Nero Ave.

City
HollisState
NYZip Code
11423

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45288**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Goldberg, Yisroel, , ,

Mailing Address 190-49 Nero Ave.

City
HollisState
NYZip Code
11423

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45288**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

385.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Green, Christina Marie B., , ,

Mailing Address 218 Abbot Ave.

City
Daly CityState
CAZip Code
94014

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45290**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Grisby, Kearra D., , ,

Mailing Address 1184 Centennial Ct.

City
ZacharyState
LAZip Code
70791

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45291**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Grisby, Kearra D., , ,

Mailing Address 1184 Centennial Ct.

City
ZacharyState
LAZip Code
70791

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45292**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Grosberg, Sasha J., , ,

Mailing Address 3820 Locust Walk Rm 086653

City
PhiladelphiaState
PAZip Code
19104

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45293**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Grosberg, Sasha J., , ,

Mailing Address 3820 Locust Walk Rm 086653

City
PhiladelphiaState
PAZip Code
19104

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45294**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gupta, Yajat, , ,

Mailing Address 188 Magnolia Drive

City
Chester SpringsState
PAZip Code
19425

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45295**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Gupta, Yajat, , ,

Mailing Address 188 Magnolia Drive

City
Chester SpringsState
PAZip Code
19425

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45296**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Haffner, Lily D., , ,Mailing Address 2141 I Street
#610City
WashingtonState
DCZip Code
20037

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45297**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Haffner, Lily D., , ,Mailing Address 2141 I Street
#610City
WashingtonState
DCZip Code
20037

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45298**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

600.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Hardy, Grace, , ,

Mailing Address 142 S Kenter Avenue

City
Los AngelesState
CAZip Code
90049

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45299**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hardy, Grace, , ,

Mailing Address 142 S Kenter Avenue

City
Los AngelesState
CAZip Code
90049

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45300**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hardy, Noelle E., , ,

Mailing Address 142 South Kenter Avenue

City
Los AngelesState
CAZip Code
90049

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45301**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Hardy, Noelle E., , ,

Mailing Address 142 South Kenter Avenue

City
Los AngelesState
CAZip Code
90049

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45646**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hardy, Noelle E., , ,

Mailing Address 142 South Kenter Avenue

City
Los AngelesState
CAZip Code
90049

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45302**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Harris, Jamar M., , ,

Mailing Address 3914 NC 126

City
MorgantonState
NCZip Code
28655

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45303**

Amount of Each Disbursement this Period

75.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Harris, Jamar M., , ,

Mailing Address 3914 NC 126

City
MorgantonState
NCZip Code
28655

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45304**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Henderson, Ashton K., , ,

Mailing Address 18521 Fleming Street

City
DetroitState
MIZip Code
48234

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45305**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Henderson, Ashton K., , ,

Mailing Address 18521 Fleming Street

City
DetroitState
MIZip Code
48234

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45306**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Henderson, Keon J., , ,

Mailing Address 18521 Fleming St.

City
DetroitState
MIZip Code
48234

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45307**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Henderson, Keon J., , ,

Mailing Address 18521 Fleming St.

City
DetroitState
MIZip Code
48234

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45308**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hinojosa, Victor R., , ,

Mailing Address 2424 Pearsall Pkwy.

City
WaukeganState
ILZip Code
60085

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45309**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Hinojosa, Victor R., , ,

Mailing Address 2424 Pearsall Pkwy.

City
WaukeganState
ILZip Code
60085

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45310**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hinsdale, Clara A., , ,

Mailing Address 2311 Prospect Street

City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45311**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hinsdale, Clara A., , ,

Mailing Address 2311 Prospect Street

City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45312**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Hoban, Roshan H., , ,

Mailing Address 101 Abraham Drive

City
NewtownState
PAZip Code
18940

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45313**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hoban, Roshan H., , ,

Mailing Address 101 Abraham Drive

City
NewtownState
PAZip Code
18940

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45314**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hoban, Roshan H., , ,

Mailing Address 101 Abraham Drive

City
NewtownState
PAZip Code
18940

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2024			

FEC Identification Number

C**Transaction ID : SB21B.45774**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

380.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Jameson, Olivia S., , ,

Mailing Address 792 Neilson St.

City
BerkeleyState
CAZip Code
94707

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45318**

Amount of Each Disbursement this Period

155.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jameson, Olivia S., , ,

Mailing Address 792 Neilson St.

City
BerkeleyState
CAZip Code
94707

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45319**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jameson, Olivia S., , ,

Mailing Address 792 Neilson St.

City
BerkeleyState
CAZip Code
94707

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45713**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

530.00

<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

YOUTH PROGRESSIVE ACTION CATALYST

Memo Item

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Jones, Akeelah, , ,Mailing Address 222 Tuskegee St. SE
Apt 411City
AtlantaState
GAZip Code
30315

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45322**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jones, Brooke C., , ,

Mailing Address 11 Riverside Lane

City
EastonState
CTZip Code
06612

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45323**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jones, Brooke C., , ,

Mailing Address 11 Riverside Lane

City
EastonState
CTZip Code
06612

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45324**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Kersh, John J., , ,

Mailing Address 3115 Orchard Avenue

City
Los AngelesState
CAZip Code
90007

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45325**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kersh, John J., , ,

Mailing Address 3115 Orchard Avenue

City
Los AngelesState
CAZip Code
90007

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45326**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Khan, Riz, , ,

Mailing Address 3104 Broken Bow Way

City
PlanoState
TXZip Code
75093

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45327**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Khan, Riz, , ,

Mailing Address 3104 Broken Bow Way

City
PlanoState
TXZip Code
75093

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45328**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Khdrlyan, Jasmine, , ,

Mailing Address 13656 Polk St.

City
SylmarState
CAZip Code
91342

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45329**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Khdrlyan, Jasmine, , ,

Mailing Address 13656 Polk St.

City
SylmarState
CAZip Code
91342

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45330**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

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

600.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Klein, Jacob D., , ,Mailing Address 1212 Alvarado Avenue
Apt 6City
DavisState
CAZip Code
95616

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45331**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Klein, Jacob D., , ,Mailing Address 1212 Alvarado Avenue
Apt 6City
DavisState
CAZip Code
95616

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45332**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kosimova, Sevinch E., , ,

Mailing Address 2311 Prospect St.

City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45333**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Kosimova, Sevinch E., , ,

Mailing Address 2311 Prospect St.

City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45334**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kutko, Sophia M., , ,

Mailing Address 5100 Randall Lane

City
BethesdaState
MDZip Code
20816

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45335**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kutko, Sophia M., , ,

Mailing Address 5100 Randall Lane

City
BethesdaState
MDZip Code
20816

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45336**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Kuyilath, Tara S., , ,

Mailing Address 10647 Star Thistle Ct.

City
Highlands RanchState
COZip Code
80126

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.45337**

Amount of Each Disbursement this Period

 150.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kuyilath, Tara S., , ,

Mailing Address 10647 Star Thistle Ct.

City
Highlands RanchState
COZip Code
80126

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C **Transaction ID : SB21B.45338**

Amount of Each Disbursement this Period

 225.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Landeros, Luis, , ,

Mailing Address 2441 Haste St.

NS-204A-1AS & RM 204

City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.45338**

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Landeros, Luis, , ,Mailing Address 2441 Haste St.
NS-204A-1AS & RM 204City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45340**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Landin, Cameron F., , ,Mailing Address 3005 River Drive
Apt. 106City
ThunderboltState
GAZip Code
31404

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45341**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Landin, Cameron F., , ,Mailing Address 3005 River Drive
Apt. 106City
ThunderboltState
GAZip Code
31404

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45342**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Lockhart, Mikhael L., , ,

Mailing Address 441 Fulton Street

City
ElizabethState
NJZip Code
07206

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45343**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lockhart, Mikhael L., , ,

Mailing Address 441 Fulton Street

City
ElizabethState
NJZip Code
07206

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45344**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lopez-DuBoff, Taliek I., , ,Mailing Address 1225 SW 163rd Ave.
APT 107City
BeavertonState
ORZip Code
97006

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45345**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Lopez-DuBoff, Taliek I., , ,Mailing Address 1225 SW 163rd Ave.
APT 107City
BeavertonState
ORZip Code
97006

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45346**

Amount of Each Disbursement this Period

7	5	.	0	0
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☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Loyd, Tahn F., , ,

Mailing Address 7719 Countryside Dr.

City
BloomingtonState
MNZip Code
55438

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45347**

Amount of Each Disbursement this Period

1	5	0	.	0	0
---	---	---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Loyd, Tahn F., , ,

Mailing Address 7719 Countryside Dr.

City
BloomingtonState
MNZip Code
55438

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45348**

Amount of Each Disbursement this Period

2	2	5	.	0	0
---	---	---	---	---	---

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4	5	0	.	0	0
---	---	---	---	---	---

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Maffeo, Kathryn I., , ,

Mailing Address 2572 Fairmont Avenue

City
ClovisState
CAZip Code
93611

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45349**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Maffeo, Kathryn I., , ,

Mailing Address 2572 Fairmont Avenue

City
ClovisState
CAZip Code
93611

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45350**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailchimp

Mailing Address 405 N Angier Ave. NE.

City
AtlantaState
GAZip Code
30308

Purpose of Disbursement

Software

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:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	8			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45803**

Amount of Each Disbursement this Period

116.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

491.60

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Malagar, Mathew G., , ,

Mailing Address 1552 Kalua Lane

City
TustinState
CAZip Code
92780

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45351**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Malagar, Mathew G., , ,

Mailing Address 1552 Kalua Lane

City
TustinState
CAZip Code
92780

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45352**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marant, Olivia L., , ,Mailing Address 506 Idlewild Dr
BCity
HoumaState
LAZip Code
70364

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45353**

Amount of Each Disbursement this Period

75.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

450.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Marant, Olivia L., , ,Mailing Address 506 Idlewild Dr
BCity
HoumaState
LAZip Code
70364

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45354**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Margolis, Naomi, , ,

Mailing Address 7605 SE 18th Avenue

City
PortlandState
ORZip Code
97202

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45355**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Margolis, Naomi, , ,

Mailing Address 7605 SE 18th Avenue

City
PortlandState
ORZip Code
97202

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45356**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Mashrah, Rwan, , ,

Mailing Address 7757 Neckel St.

City
DearbornState
MIZip Code
48126

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45201**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Mashrah, Rwan, , ,

Mailing Address 7757 Neckel St.

City
DearbornState
MIZip Code
48126

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45729**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Matsumoto, Samuel, , ,

Mailing Address 15119 Killion St.

City
Sherman OaksState
CAZip Code
91411

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45357**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

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

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Matsumoto, Samuel, , ,

Mailing Address 15119 Killion St.

City
Sherman OaksState
CAZip Code
91411

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45358**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mellijor, Matthew N., , ,

Mailing Address 1136 Veranda Court

City
FolsomState
CAZip Code
95630

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45359**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mellijor, Matthew N., , ,

Mailing Address 1136 Veranda Court

City
FolsomState
CAZip Code
95630

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45360**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Merera, Lamerot S., , ,Mailing Address 924 S Hobart Blvd.
608City
Los AngelesState
CAZip Code
90006

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45361**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Merera, Lamerot S., , ,Mailing Address 924 S Hobart Blvd.
608City
Los AngelesState
CAZip Code
90006

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45362**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meta

Mailing Address 1 Meta Way

City
Menlo ParkState
CAZip Code
94025

Purpose of Disbursement

Advertising - Not Candidate Specific

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45181**

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

405.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Meta

Mailing Address 1 Meta Way

City
Menlo ParkState
CAZip Code
94025

Purpose of Disbursement

Advertising - Not Candidate Specific

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB21B.45184

Amount of Each Disbursement this Period

21.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meta

Mailing Address 1 Meta Way

City
Menlo ParkState
CAZip Code
94025

Purpose of Disbursement

Advertising - Not Candidate Specific

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB21B.45188

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meta

Mailing Address 1 Meta Way

City
Menlo ParkState
CAZip Code
94025

Purpose of Disbursement

Advertising - Not Candidate Specific

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	4	

FEC Identification Number

C

Transaction ID : SB21B.45191

Amount of Each Disbursement this Period

1.33

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

52.33

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

<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

YOUTH PROGRESSIVE ACTION CATALYST

A. Meta

Category/
Type

33.00

Memo Item

District:

B. Meta

M M / D D / Y Y Y Y
10 31 2024

Category/
Type

37.00

Memo Item

District:

C. Meta

Category/
Type

41.00

Memo Item

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

111.00

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Meta

Mailing Address 1 Meta Way

City
Menlo ParkState
CAZip Code
94025

Purpose of Disbursement

Advertising - Not Candidate Specific

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:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.45498

Amount of Each Disbursement this Period

 46.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meta

Mailing Address 1 Meta Way

City
Menlo ParkState
CAZip Code
94025

Purpose of Disbursement

Advertising - Not Candidate Specific

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:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.45800

Amount of Each Disbursement this Period

 51.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mithani, Alisha M., , ,

Mailing Address 816 Timber View Dr.

City
BedfordState
TXZip Code
76021

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.45362

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 247.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Mithani, Alisha M., , ,

Mailing Address 816 Timber View Dr.

City
BedfordState
TXZip Code
76021

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45364**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Monti, Mary C., , ,Mailing Address 1000 New Jersey Avenue Southeast
Apt 228City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45365**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Monti, Mary C., , ,Mailing Address 1000 New Jersey Avenue Southeast
Apt 228City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45366**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Moreno, Taino, , ,Mailing Address 2020 Vanderbilt Lane
Apt 2City
Redondo BeachState
CAZip Code
90278

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.45367

Amount of Each Disbursement this Period

 150.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Moreno, Taino, , ,Mailing Address 2020 Vanderbilt Lane
Apt 2City
Redondo BeachState
CAZip Code
90278

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C
Transaction ID : SB21B.45368

Amount of Each Disbursement this Period

 225.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Moyao-Ramirez, Arli, , ,Mailing Address 333 East 138th Street
Apt#2ECity
BronxState
NYZip Code
10454

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.45366

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Moyao-Ramirez, Arli, , ,Mailing Address 333 East 138th Street
Apt#2ECity
BronxState
NYZip Code
10454

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C **Transaction ID : SB21B.45370**

Amount of Each Disbursement this Period

 75.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Murray, Aaliyah A., , ,

Mailing Address 1105 W 28th St

City
MinneapolisState
MNZip Code
55408

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C **Transaction ID : SB21B.45373**

Amount of Each Disbursement this Period

 75.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nadathur, Shruthi, , ,

Mailing Address 8413 Brooksby Dr.

City
PlanoState
TXZip Code
75024

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.45374**

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 300.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 190 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Nadathur, Shruthi, , ,

Mailing Address 8413 Brooksby Dr.

City
PlanoState
TXZip Code
75024

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45375**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Narang, Jenya, , ,

Mailing Address 1 Sherwood Court

City
LivingstonState
NJZip Code
07039

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45376**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Narang, Jenya, , ,

Mailing Address 1 Sherwood Court

City
LivingstonState
NJZip Code
07039

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45377**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Nguyen, Vincent N., , ,

Mailing Address 2261 Tywood Ct.

City
San JoseState
CAZip Code
95116

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45378**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nguyen, Vincent N., , ,

Mailing Address 2261 Tywood Ct.

City
San JoseState
CAZip Code
95116

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45379**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Owens, Raven E., , ,

Mailing Address 1705 NE 24th St

City
Oklahoma CityState
OKZip Code
73111

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45380**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Owens, Raven E., , ,

Mailing Address 1705 NE 24th St

City
Oklahoma CityState
OKZip Code
73111

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45381**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Packer, Izabella, , ,Mailing Address 235 Hoyt St.
12 GCity
BrooklynState
NYZip Code
11217

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45382**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Packer, Izabella, , ,Mailing Address 235 Hoyt St.
12 GCity
BrooklynState
NYZip Code
11217

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45383**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

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

600.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Paredes, Rania E., , ,

Mailing Address 16846 San Jose St.

City
Granada HillsState
CAZip Code
91344

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C
Transaction ID : SB21B.45384

Amount of Each Disbursement this Period

 150.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paredes, Rania E., , ,

Mailing Address 16846 San Jose St.

City
Granada HillsState
CAZip Code
91344

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C
Transaction ID : SB21B.45385

Amount of Each Disbursement this Period

 225.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Parker, jaime c., , ,

Mailing Address 4019 Chatfield Ln.

City
TroyState
MIZip Code
48098

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C
Transaction ID : SB21B.45386

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 194 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Parker, jaime c., , ,

Mailing Address 4019 Chatfield Ln.

City
TroyState
MIZip Code
48098

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45387**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pascual, Juliana, , ,Mailing Address 201 Grand Avenue
Apt. #1City
LeoniaState
NJZip Code
07605

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45388**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pascual, Juliana, , ,Mailing Address 201 Grand Avenue
Apt. #1City
LeoniaState
NJZip Code
07605

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45388**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

600.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Patkar, Neha J., , ,Mailing Address 283 Main St
Apt 3City
CharlestownState
MAZip Code
02129

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45390**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patkar, Neha J., , ,Mailing Address 283 Main St
Apt 3City
CharlestownState
MAZip Code
02129

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45391**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pineda Jimenez, Madelyn A., , ,Mailing Address 2079 Tilia St.
Apt #206City
DavisState
CAZip Code
95616

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45392**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Pineda Jimenez, Madelyn A., , ,Mailing Address 2079 Tilia St.
Apt #206City
DavisState
CAZip Code
95616

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45393**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Player, Chasity R., , ,

Mailing Address 227 Cork Alley

City
MadisonState
ALZip Code
35758

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45394**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Player, Chasity R., , ,

Mailing Address 227 Cork Alley

City
MadisonState
ALZip Code
35758

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45395**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

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

600.00

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

<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

YOUTH PROGRESSIVE ACTION CATALYST

A. Polarouthu, Nandini, , ,

Date of Disbursement

Strategic Consulting

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

District:

FEC Identification Number

C Transaction ID : SB21B.45396

Amount of Each Disbursement this Period

150.00

Memo Item

B. Polarouthu, Nandini, , ,

Date of Disbursement

M M / D D / Y Y Y Y
11 15 2024

Strategic Consulting

Category/
Type

☐ Primary ☐ General
☐ Other (specify) _____

District:

FEC Identification Number

C Transaction ID : SB21B.45397

Amount of Each Disbursement this Period

225.00

 Memo Item

C. Pollack, Justin A., , ,

Date of Disbursement

Strategic Consulting

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

District:

FEC Identification Number

C Transaction ID : SB21B.45398

Amount of Each Disbursement this Period

150.00

Memo Item

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

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

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 198 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Pollack, Justin A, , ,

Mailing Address 42 Climbing Vine

City
IrvineState
CAZip Code
92603

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45399**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Purnell, Brock J., , ,

Mailing Address 15 Ardennes Drive

City
Ladera RanchState
CAZip Code
92694

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45400**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Purnell, Brock J., , ,

Mailing Address 15 Ardennes Drive

City
Ladera RanchState
CAZip Code
92694

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45401**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

600.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 199 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Pyrali, Hasan, , ,Mailing Address 4290 Brighton Blvd.
Apt 522City
DenverState
COZip Code
80216

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45402**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pyrali, Hasan, , ,Mailing Address 4290 Brighton Blvd.
Apt 522City
DenverState
COZip Code
80216

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45403**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rabinowitz, Rahul, , ,

Mailing Address 1 Fullerton Road

City
MoorestownState
NJZip Code
08057

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45404**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 200 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Rabinowitz, Rahul, , ,

Mailing Address 1 Fullerton Road

City
MoorestownState
NJZip Code
08057

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45405**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Ramesh, Ashva, , ,

Mailing Address 2144 North Beaver Creek Drive

City
Vernon HillsState
ILZip Code
60061

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45406**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Ramesh, Ashva, , ,

Mailing Address 2144 North Beaver Creek Drive

City
Vernon HillsState
ILZip Code
60061

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45407**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

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

600.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Ratner, Dimitri, , ,

Mailing Address 37 Hunting Hill Rd.

City
WoodbridgeState
CTZip Code
06525

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45408**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ratner, Dimitri, , ,

Mailing Address 37 Hunting Hill Rd.

City
WoodbridgeState
CTZip Code
06525

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45409**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Razmjoo, Evan, , ,

Mailing Address 15 Coastal Oak

City
Newport CoastState
CAZip Code
92657

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45411**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

450.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Razmjoo, Evan, , ,

Mailing Address 15 Coastal Oak

City
Newport CoastState
CAZip Code
92657

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45411**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Reyes, Diana, , ,Mailing Address 3028 Brighton 4th Street
Apt.1City
BrooklynState
NYZip Code
11235

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45412**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Reyes, Diana, , ,Mailing Address 3028 Brighton 4th Street
Apt.1City
BrooklynState
NYZip Code
11235

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45413**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Riley, Katelin, , ,Mailing Address 7582 Seabluff Drive
Unit #105City
Huntington BeachState
CAZip Code
92648

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.45414**

Amount of Each Disbursement this Period

 150.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Riley, Katelin, , ,Mailing Address 7582 Seabluff Drive
Unit #105City
Huntington BeachState
CAZip Code
92648

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C **Transaction ID : SB21B.45415**

Amount of Each Disbursement this Period

 225.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Roman, Natalia T., , ,

Mailing Address 7225 Excelsior Dr.

City
EastvaleState
CAZip Code
92880

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : SB21B.45416**

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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

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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Roman, Natalia T., , ,

Mailing Address 7225 Excelsior Dr.

City
EastvaleState
CAZip Code
92880

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45417**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Roosters Catering

Mailing Address 4023 N. 42nd St

City
OmahaState
NEZip Code
68111

Purpose of Disbursement

Catering

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45150**

Amount of Each Disbursement this Period

394.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sabir, Ali, , ,

Mailing Address 116 Fellswood Drive

City
MoorestownState
NJZip Code
08057

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45418**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

769.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Sabir, Ali, , ,

Mailing Address 116 Fellswood Drive

City
MoorestownState
NJZip Code
08057

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45419**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PCMailing Address 1620 Eye St. NW
Suite 900City
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Legal Services

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45187**

Amount of Each Disbursement this Period

480.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PCMailing Address 1620 Eye St. NW
Suite 900City
WashingtonState
DCZip Code
20006

Purpose of Disbursement

Legal Services

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45805**

Amount of Each Disbursement this Period

1295.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Sarabia, Daniela, , ,

Mailing Address 3012 Dearborn Ave

City
PalmdaleState
CAZip Code
93551

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45420**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sarabia, Daniela, , ,

Mailing Address 3012 Dearborn Ave

City
PalmdaleState
CAZip Code
93551

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45421**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schnieders, Anna C., , ,Mailing Address 1065 Lexington Avenue
Apt 8BCity
New YorkState
NYZip Code
10021

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45422**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Schnieders, Anna C., , ,Mailing Address 1065 Lexington Avenue
Apt 8BCity
New YorkState
NYZip Code
10021

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45423**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Searcy, Ananda D., , ,Mailing Address 1528 Franklin St.
4City
Santa MonicaState
CAZip Code
90404

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45424**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Searcy, Ananda D., , ,Mailing Address 1528 Franklin St.
4City
Santa MonicaState
CAZip Code
90404

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45425**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Seeman, Anne R., , ,

Mailing Address 4309 Shadyglade Ave

City
Studio CityState
CAZip Code
91604

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45428**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Selman, Elana B., , ,Mailing Address 51 Falmouth Road
Apt. #2City
West NewtonState
MAZip Code
02465

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45429**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Selman, Elana B., , ,Mailing Address 51 Falmouth Road
Apt. #2City
West NewtonState
MAZip Code
02465

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45430**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Senate, Madeline, , ,

Mailing Address 804 Devon Lane

City
BranchburgState
NJZip Code
08853

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45483**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shahnawaz, Samiha, , ,

Mailing Address 4508 Locust Street

City
PhiladelphiaState
PAZip Code
19139

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45431**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shahnawaz, Samiha, , ,

Mailing Address 4508 Locust Street

City
PhiladelphiaState
PAZip Code
19139

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45432**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Shahnawaz, Samiha, , ,

Mailing Address 4508 Locust Street

City
PhiladelphiaState
PAZip Code
19139

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45433**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shahnawaz, Samiha, , ,

Mailing Address 4508 Locust Street

City
PhiladelphiaState
PAZip Code
19139

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45434**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sherwood, Nicholas E., , ,Mailing Address 3630 Westminster Ave.
Unit 321City
Santa AnaState
CAZip Code
92703

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45435**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Sherwood, Nicholas E., , ,Mailing Address 3630 Westminster Ave.
Unit 321City
Santa AnaState
CAZip Code
92703

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45436**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Singh, Jessica P., , ,

Mailing Address 4815 Pennel Ct

City
StocktonState
CAZip Code
95206

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45437**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Singh, Jessica P., , ,

Mailing Address 4815 Pennel Ct

City
StocktonState
CAZip Code
95206

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45438**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

600.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Smialek, William, , ,Mailing Address 1201 Mass Ave
267 Adams Mail CenterCity
CambridgeState
MAZip Code
02138

Purpose of Disbursement

Travel Reimbursement

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45158**

Amount of Each Disbursement this Period

1750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Spirit Airlines

Mailing Address 2800 Executive Way

City
MiramarState
FLZip Code
33025

Purpose of Disbursement

Travel

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45158**

Amount of Each Disbursement this Period

762.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Frontier Airlines

Mailing Address 4545 Airport Way

City
DenverState
COZip Code
80239

Purpose of Disbursement

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45158**

Amount of Each Disbursement this Period

854.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1750.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Solis, Isabella E., , ,

Mailing Address 24843 Paseo del Rancho

City
CalabasasState
CAZip Code
91302

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45439**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Solis, Isabella E., , ,

Mailing Address 24843 Paseo del Rancho

City
CalabasasState
CAZip Code
91302

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45440**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephenson, Mariah T., , ,

Mailing Address 201 Leonard Lane

City
Midwest CityState
OKZip Code
73110

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45441**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Stephenson, Mariah T., , ,

Mailing Address 201 Leonard Lane

City
Midwest CityState
OKZip Code
73110

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45442**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Strategy & Hustle LLC

Mailing Address 3216 Central Ave NE

City
WashingtonState
DCZip Code
20018

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2024			

FEC Identification Number

C**Transaction ID : SB21B.45494**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Teague, Brandon H., , ,

Mailing Address 9 Pop Munday Lane

City
TaylorsvilleState
NCZip Code
28681

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45442**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5375.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Teague, Brandon H., , ,

Mailing Address 9 Pop Munday Lane

City
TaylorsvilleState
NCZip Code
28681

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45444**

Amount of Each Disbursement this Period

2	2	5	0	0	0
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☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Teague, Brandon H., , ,

Mailing Address 9 Pop Munday Lane

City
TaylorsvilleState
NCZip Code
28681

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45775**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Thomas, Taryn D., , ,Mailing Address 315 Hillcrest Blvd. #5
Apt No. 5City
InglewoodState
CAZip Code
90301

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45444**

Amount of Each Disbursement this Period

1	5	0	0	0	0
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3	8	0	0	0	0
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Thomas, Taryn D., , ,Mailing Address 315 Hillcrest Blvd. #5
Apt No. 5City
InglewoodState
CAZip Code
90301

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45446**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobin, Ella, , ,

Mailing Address 509 W Blaine St.

City
SeattleState
WAZip Code
98119

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45447**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobin, Ella, , ,

Mailing Address 509 W Blaine St.

City
SeattleState
WAZip Code
98119

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45448**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 217 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Tran, Derek, , ,

Mailing Address 8056 Camino Kiosco

City
San DiegoState
CAZip Code
92122

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45449**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tran, Derek, , ,

Mailing Address 8056 Camino Kiosco

City
San DiegoState
CAZip Code
92122

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45450**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tripicco, Brooke A., , ,

Mailing Address 169 Mountain Drive

City
PittsfieldState
MAZip Code
01201

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45451**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 218 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Tripicco, Brooke A., , ,

Mailing Address 169 Mountain Drive

City
PittsfieldState
MAZip Code
01201

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45452**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Twilio

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Software

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45495**

Amount of Each Disbursement this Period

19.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Valdez Monroy, Jacqueline, , ,

Mailing Address 7428 Kraft Avenue

City

North Hollywood

State

CA

Zip Code

91605

Purpose of Disbursement

Strategic Consulting

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45453**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

394.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Valdez Monroy, Jacqueline, , ,

Mailing Address 7428 Kraft Avenue

City
North HollywoodState
CAZip Code
91605

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45454**

Amount of Each Disbursement this Period

225.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Vallecillo, Marissa, , ,

Mailing Address 3338 Cherry Ln

City
BellevueState
NEZip Code
68147

Purpose of Disbursement

Event Organizing Services

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45148**

Amount of Each Disbursement this Period

211.20

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Vasiloglou, Ismini K., , ,

Mailing Address 1938 Volberg str.

City
AtlantaState
GAZip Code
30318

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45454**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

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

586.20

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Vasiloglou, Ismini K., , ,

Mailing Address 1938 Volberg str.

City
AtlantaState
GAZip Code
30318

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45456**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vengrin, Charlotte, , ,

Mailing Address 111 Oxford Street

City
Chevy ChaseState
MDZip Code
20815

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45457**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vengrin, Charlotte, , ,

Mailing Address 111 Oxford Street

City
Chevy ChaseState
MDZip Code
20815

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45458**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 221 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Vig, Rohan, , ,

Mailing Address 1331 Flamingo Drive

City
CoronaState
CAZip Code
92879

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45486**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Walker, Star K., , ,Mailing Address 2501 Westridge St.
Apt 239City
HoustonState
TXZip Code
77054

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45459**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walker, Star K., , ,Mailing Address 2501 Westridge St.
Apt 239City
HoustonState
TXZip Code
77054

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45466**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 222 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Waram, Mintra, , ,

Mailing Address 8072 E Mercer Ln.

City
ScottsdaleState
AZZip Code
85260

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45461**

Amount of Each Disbursement this Period

155.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Waram, Mintra, , ,

Mailing Address 8072 E Mercer Ln.

City
ScottsdaleState
AZZip Code
85260

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB21B.45462**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Watkins, Serena R., , ,

Mailing Address 765 Vandal Way

City
PalmdaleState
CAZip Code
93551

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45463**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

530.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 223 OF 264

<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Watkins, Serena R., , ,

Mailing Address 765 Vandal Way

City
PalmdaleState
CAZip Code
93551

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45464**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Williams, Alexandria, , ,

Mailing Address 713 North Hickory

City
North Little RockState
ARZip Code
72114

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45465**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Williams, Alexandria, , ,

Mailing Address 713 North Hickory

City
North Little RockState
ARZip Code
72114

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45466**

Amount of Each Disbursement this Period

150.00

☐

Memo Item

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

450.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Wolmetz, Jacob R., , ,

Mailing Address 57 Valleywood Road

City
CommackState
NYZip Code
11725

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.45467

Amount of Each Disbursement this Period

 150.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wolmetz, Jacob R., , ,

Mailing Address 57 Valleywood Road

City
CommackState
NYZip Code
11725

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	4		

FEC Identification Number

C
Transaction ID : SB21B.45468

Amount of Each Disbursement this Period

 225.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wright, Isabella E., , ,

Mailing Address 9212 Sherry Circle

City
Huntington BeachState
CAZip Code
92646

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C
Transaction ID : SB21B.45466

Amount of Each Disbursement this Period

 150.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Wright, Isabella E., , ,

Mailing Address 9212 Sherry Circle

City
Huntington BeachState
CAZip Code
92646

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C
Transaction ID : SB21B.45470

Amount of Each Disbursement this Period

 225.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wu, Fengxue, , ,

Mailing Address 2878 Pecan Ct.

City
PomonaState
CAZip Code
91767

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C
Transaction ID : SB21B.45471

Amount of Each Disbursement this Period

 150.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wu, Fengxue, , ,

Mailing Address 2878 Pecan Ct.

City
PomonaState
CAZip Code
91767

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C
Transaction ID : SB21B.45472

Amount of Each Disbursement this Period

 225.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 600.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Wynner, Annie, , ,Mailing Address 2216 Channing Way
Apt 1City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45473**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wynner, Annie, , ,Mailing Address 2216 Channing Way
Apt 1City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45474**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Yang, Amaris, , ,

Mailing Address 2033 Legacy Ln.

City
Chino HillsState
CAZip Code
91709

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45475**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

375.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Yang, Amaris, , ,

Mailing Address 2033 Legacy Ln.

City
Chino HillsState
CAZip Code
91709

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45476**

Amount of Each Disbursement this Period

7	5	.	0	0
---	---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Young, Nicole C., , ,Mailing Address 141 E. College Ave.
Box #531City
DecaturState
GAZip Code
30030

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.45477**

Amount of Each Disbursement this Period

1	5	0	.	0	0
---	---	---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Young, Nicole C., , ,Mailing Address 141 E. College Ave.
Box #531City
DecaturState
GAZip Code
30030

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	4

FEC Identification Number

C**Transaction ID : SB21B.45478**

Amount of Each Disbursement this Period

2	2	5	.	0	0
---	---	---	---	---	---

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4	5	0	.	0	0
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Zeng, Wendy, , ,

Mailing Address 2002 Addison Street

City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C**Transaction ID : SB21B.45479**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Zeng, Wendy, , ,

Mailing Address 2002 Addison Street

City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C**Transaction ID : SB21B.45480**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Zeng, Wendy, , ,

Mailing Address 2002 Addison Street

City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Strategic Consulting

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2024			

FEC Identification Number

C**Transaction ID : SB21B.45773**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

380.00

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

67552.29

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Aggarwal, amiya, , ,

Mailing Address 12525 E Altadena Ave.

City
ScottsdaleState
AZZip Code
85259

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

DCCC

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	2	4

FEC Identification Number

C C00000935**Transaction ID : SB23.45740**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alvarez, Scarlett A., , ,

Mailing Address 3227 East Avenue S-1

City
PalmdaleState
CAZip Code
93550

Purpose of Disbursement

In-Kind - Canvassing Stipend

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: CA

District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	2	4

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45197**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anyaegbunam, Regina U., , ,

Mailing Address 6320 Main Street

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: AZ

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	2	4

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45521**

Amount of Each Disbursement this Period

40.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

290.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 230 OF 264

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Ashraft, Madi, , ,

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

EHASZ, ASHLEY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	4		

FEC Identification Number

C H2PA01099**Transaction ID : SB23.45167**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Back, Austin, , ,

Mailing Address 25480 Water Wheel Ct

City

Menifee

State

CA

Zip Code

92584

Purpose of Disbursement

In-Kind - Canvassing Stipend

Candidate Name

ROLLINS, WILL, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 41

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	4		

FEC Identification Number

C H2CA42205**Transaction ID : SB23.45198**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Berlowe Binder, Rachel, , ,Mailing Address 36 Strawberry St
Apt 53

City

Philadelphia

State

PA

Zip Code

19106

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

EHASZ, ASHLEY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	4		

FEC Identification Number

C H2PA01099**Transaction ID : SB23.45165**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

450.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Brantley, Kyle, , ,Mailing Address 1050 Southern Drive
203City
ColumbiaState
SCZip Code
29201

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

DCCC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2024			

FEC Identification Number

C C00000935**Transaction ID : SB23.45659**

Amount of Each Disbursement this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown, Tobias M., , ,

Mailing Address 324 Independence Dr

City
AlbanyState
GAZip Code
31705

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45501**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLDOG DEMOCRATS

Mailing Address 206 ELM ST PO#204036

City
NEW HAVENState
CTZip Code
06520

Purpose of Disbursement

Contribution

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
10			24			2024			

FEC Identification Number

C C00419754**Transaction ID : SB23.45171**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2320.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. BULLDOG DEMOCRATS

Mailing Address 206 ELM ST PO#204036

City
NEW HAVENState
CTZip Code
06520

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	4		

FEC Identification Number

C C00419754**Transaction ID : SB23.45199**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Carmona, Anthony, , ,

Mailing Address 31006 Sedona St.

City
Lake ElsinoreState
CAZip Code
92530

Purpose of Disbursement

In-Kind - Canvassing Stipend

Candidate Name

ROLLINS, WILL, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 41

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	4		

FEC Identification Number

C H2CA42205**Transaction ID : SB23.45193**

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carmona, Anthony, , ,

Mailing Address 31006 Sedona St.

City
Lake ElsinoreState
CAZip Code
92530

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

ROLLINS, WILL, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 41

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	3			2	0	2	4		

FEC Identification Number

C H2CA42205**Transaction ID : SB23.45641**

Amount of Each Disbursement this Period

70.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1710.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Carter, Taylor A., , ,

Mailing Address 25480 Water Wheel Ct

City
MenifeeState
CAZip Code
92584

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

ROLLINS, WILL, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 41

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	2	4		

FEC Identification Number

C H2CA42205**Transaction ID : SB23.45179**

Amount of Each Disbursement this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cassil, Noah, , ,

Mailing Address 9507 Thornhill Road

City
Silver SpringState
MDZip Code
20901

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GRAY, ADAM C., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	8			2	0	2	4		

FEC Identification Number

C H2CA13115**Transaction ID : SB23.45749**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chow, Julia, , ,

Mailing Address 7 Blueberry Hill Road

City
WestonState
MAZip Code
02493

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

TRAN, DEREK, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	3			2	0	2	4		

FEC Identification Number

C H4CA45170**Transaction ID : SB23.45632**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5	1	0	.	0	0								
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. DaPonte, Mia E., , ,

Mailing Address 6350 Main St

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AZ

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45527**

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dey-Foy, Selena A., , ,Mailing Address 255 north Granada avenue
Apt 2021City
TucsonState
AZZip Code
85701

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA

District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45507**

Amount of Each Disbursement this Period

180.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Esayas, Joseias, , ,

Mailing Address 11810 Lelda Ln.

City
HoustonState
TXZip Code
77071

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

DCCC

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C C00000935**Transaction ID : SB23.45686**

Amount of Each Disbursement this Period

80.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

300.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Esfandiari, Rose, , ,

Mailing Address 112 Greenmoor

City
IrvineState
CAZip Code
92614

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AZ

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45722**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Esfandiari, Rose, , ,

Mailing Address 112 Greenmoor

City
IrvineState
CAZip Code
92614

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GRAY, ADAM C., , ,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA

District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C H2CA13115**Transaction ID : SB23.45723**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Esquen, Tiffany A., , ,

Mailing Address 7630 85th Dr

City
WoodhavenState
NYZip Code
11421

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

ROLLINS, WILL, , ,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA

District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H2CA42205**Transaction ID : SB23.45512**

Amount of Each Disbursement this Period

40.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

240.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Flowers, Lonyah, , ,

Mailing Address 44110 Carolside Avenue

City
LancasterState
CAZip Code
93535

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45645**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Garcia, Marle, , ,Mailing Address 2310 Evenstar Ln
Apt 3City
DavisState
CAZip Code
95616

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45505**

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Granda, Frank, , ,

Mailing Address 10932 Baroque Lane

City
San DiegoState
CAZip Code
92124

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

DCCC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C C00000935**Transaction ID : SB23.45766**

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Guerrero, Aranza, , ,

Mailing Address 12066 Van Nuys Blvd

City
SylmarState
CAZip Code
91342

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	4		

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45017**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Guerrero, Aranza, , ,

Mailing Address 12066 Van Nuys Blvd

City
SylmarState
CAZip Code
91342

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 27

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	4		

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45196**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hall, Katherine A., , ,

Mailing Address 6360 Main Street

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	3			2	0	2	4		

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45538**

Amount of Each Disbursement this Period

60.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

160.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Humphreys, Elias, , ,Mailing Address 590 E Olive Ave.
Apt. HCity
MonroviaState
CAZip Code
91016

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

ROLLINS, WILL, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2024			

FEC Identification Number

C H2CA42205**Transaction ID : SB23.45180**

Amount of Each Disbursement this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Inzunza, Lizette, , ,

Mailing Address 8108 Elizabeth Avenue

City
South GateState
CAZip Code
90280

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

ROLLINS, WILL, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2024			

FEC Identification Number

C H2CA42205**Transaction ID : SB23.45671**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jackson, Destiny, , ,Mailing Address 152 Vine St SW
Apt 212City
AtlantaState
GAZip Code
30314

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

DCCC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2024			

FEC Identification Number

C C00000935**Transaction ID : SB23.45651**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

410.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Jennings, Griffith, , ,

Mailing Address 10808 Des Moines Avenue

City
NorthridgeState
CAZip Code
91326

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

DCCC

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:

Date of Disbursement

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

FEC Identification Number

C C00000935**Transaction ID : SB23.45658**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Johnson, Lauriel M., , ,

Mailing Address 6350 Main Street

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: AZ

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	2	4

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45516**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kagan, Benjamin, , ,

Mailing Address 6100 Main Street

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: AZ

District: 00

Date of Disbursement

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

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45654**

Amount of Each Disbursement this Period

60.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

280.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Khdlaryan, Jasmine, , ,

Mailing Address 13656 Polk St.

City
SylmarState
CAZip Code
91342

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

TRAN, DEREK, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H4CA45170**Transaction ID : SB23.45579**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kim, Andrew D., , ,

Mailing Address 6310 Main St

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: AZ

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45523**

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Klein, Jacob D., , ,Mailing Address 1212 Alvarado Avenue
Apt 6City
DavisState
CAZip Code
95616

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GRAY, ADAM C., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C H2CA13115**Transaction ID : SB23.45708**

Amount of Each Disbursement this Period

120.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

260.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Lyden, Kate, , ,

Mailing Address 608 Avenue A

City
TrevoseState
PAZip Code
19053

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

EHASZ, ASHLEY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	4		

FEC Identification Number

C H2PA01099**Transaction ID : SB23.44969**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Manalo, Jeriko, , ,

Mailing Address 25480 Water Wheel Ct

City
MenifeeState
CAZip Code
92584

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

ROLLINS, WILL, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 41

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	2	4		

FEC Identification Number

C H2CA42205**Transaction ID : SB23.45178**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matsumoto, Samuel, , ,

Mailing Address 15119 Killion St.

City
Sherman OaksState
CAZip Code
91411

Purpose of Disbursement

In-Kind - Canvassing Stipend

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	4		

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45194**

Amount of Each Disbursement this Period

70.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

370.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Muniz, Jesse, , ,

Mailing Address 2331 Great Light Dr.

City
DallasState
TXZip Code
75228

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: AZ

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	2	4

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45532**

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Murray, Aaliyah A., , ,

Mailing Address 1105 W 28th St

City
MinneapolisState
MNZip Code
55408

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

DCCC

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:

Date of Disbursement

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

FEC Identification Number

C C00000935**Transaction ID : SB23.45683**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Perez, Abigail, , ,

Mailing Address 1601 Rice Blvd

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: AZ

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	2	4

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45534**

Amount of Each Disbursement this Period

40.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

280.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Pinsof-Berlowitz, Miles, , ,

Mailing Address 2408 W 34th Ave

City
AnchorageState
AKZip Code
99517

Purpose of Disbursement

In-Kind - Canvassing Stipend

Candidate Name

PELTOLA, MARY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: AK

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2024			

FEC Identification Number

C H2AK01158**Transaction ID : SB23.45153**

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pollack, Justin A, , ,

Mailing Address 42 Climbing Vine

City
IrvineState
CAZip Code
92603

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45640**

Amount of Each Disbursement this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Preston, Edward M., , ,

Mailing Address 8718 Magna St.

City
HoustonState
TXZip Code
77093

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45525**

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

670.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Proell, Abigail E, , ,

Mailing Address 6310 Main Street

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2024

☐ Primary☒ General☐ Other (specify) ▼

State: AZ

District: 00

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45519**

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robertson, Ebony Jade R., , ,

Mailing Address 6360 Main Street

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2024

☐ Primary☒ General☐ Other (specify) ▼

State: AZ

District: 00

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45536**

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rodriguez, Raquel, , ,

Mailing Address 26877 old alice road

City
LyfordState
TXZip Code
78569

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

DCCC

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C C00000935**Transaction ID : SB23.45714**

Amount of Each Disbursement this Period

180.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

280.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Sahi, Armanpreet S., , ,

Mailing Address 6315 Dana Ave.

City
SpringfieldState
VAZip Code
22150

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

CASEY, ROBERT P. JR., , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2024

☐ Primary☒ General☐ Other (specify) ▼

State: PA

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C S6PA00217**Transaction ID : SB23.45529**

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SanMartin, Sophia, , ,

Mailing Address 24133 Breton Ct

City
ValenciaState
CAZip Code
91355

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2024

☐ Primary☒ General☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2024			

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45176**

Amount of Each Disbursement this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SanMartin, Sophia, , ,

Mailing Address 24133 Breton Ct

City
ValenciaState
CAZip Code
91355

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2024

☐ Primary☒ General☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45500**

Amount of Each Disbursement this Period

120.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

250.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Singh, Jessica, , ,

Mailing Address 4815 Pennel Ct.

City
StocktonState
CAZip Code
95206

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GRAY, ADAM C., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

FEC Identification Number

C H2CA13115**Transaction ID : SB23.45758**

Amount of Each Disbursement this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Suarez, Patrick, , ,

Mailing Address 1009 Beesons Field Dr

City
KernersvilleState
NCZip Code
27284

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45511**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Taylor, Shaniya, , ,Mailing Address 3415 NE 9th Dr.
APT 102City
HomesteadState
FLZip Code
33033

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

DCCC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2024			

FEC Identification Number

C C00000935**Transaction ID : SB23.45657**

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

520.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Thomas, Pauletta, , ,

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

EHASZ, ASHLEY, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	4		

FEC Identification Number

C H2PA01099**Transaction ID : SB23.45169**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tufail, Sidrah, , ,

Mailing Address 11763 college park trail

City

Orlando

State

FL

Zip Code

32826

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 27

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	3			2	0	2	4		

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45509**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Udensi, David C., , ,

Mailing Address 6320 Main Street

City

Houston

State

TX

Zip Code

77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	3			2	0	2	4		

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45542**

Amount of Each Disbursement this Period

40.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

390.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Valdez Monroy, Jacqueline, , ,

Mailing Address 7428 Kraft Avenue

City
North HollywoodState
CAZip Code
91605

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

TRAN, DEREK, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	1		1	4		2	0	2	4

FEC Identification Number

C H4CA45170**Transaction ID : SB23.45649**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vasquez, Arantza S., , ,

Mailing Address 1309 Sterling Ave

City
JolietState
ILZip Code
60432

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	1		1	3		2	0	2	4

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45514**

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERITAS PROGRESSIVES PACMailing Address 59 SHEPARD ST
BOX 137City
CAMBRIDGEState
MAZip Code
02138

Purpose of Disbursement

Contribution

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
1	0		2	5		2	0	2	4

FEC Identification Number

C C00682724**Transaction ID : SB23.45173**

Amount of Each Disbursement this Period

4200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4440.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Verlaque, Samantha, , ,

Mailing Address 28033 Memory Lane

City
ValenciaState
CAZip Code
91354

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	2	4		

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45177**

Amount of Each Disbursement this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Verlaque, Samantha, , ,

Mailing Address 28033 Memory Lane

City
ValenciaState
CAZip Code
91354

Purpose of Disbursement

Canvassing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	3			2	0	2	4		

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45499**

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walker, Star K., , ,Mailing Address 2501 Westridge St.
Apt 239City
HoustonState
TXZip Code
77054

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	3			2	0	2	4		

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45503**

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

410.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Walker, Stephen, , ,

Mailing Address 2513 SE 14th Ave

City
HomesteadState
FLZip Code
33035

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H4CA27111**Transaction ID : SB23.45504**

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Xiong, Angela, , ,

Mailing Address 400 Venable Avenue

City
BaltimoreState
MDZip Code
21218

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

TRAN, DEREK, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 45

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C H4CA45170**Transaction ID : SB23.45578**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Yadav, Tisya, , ,

Mailing Address 1601 Rive Blvd

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45540**

Amount of Each Disbursement this Period

40.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Yang, Amaris, , ,

Mailing Address 2033 Legacy Ln.

City
Chino HillsState
CAZip Code
91709

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GRAY, ADAM C., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2024			

FEC Identification Number

C H2CA13115**Transaction ID : SB23.45730**

Amount of Each Disbursement this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Yang, Calvin, , ,Mailing Address 2580 Bancroft Way
Unit 316City
BerkeleyState
CAZip Code
94704

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GRAY, ADAM C., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

C H2CA13115**Transaction ID : SB23.45718**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Young, Emma C., , ,

Mailing Address 1601 Rice Blvd.

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GALLEGO, RUBEN, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

FEC Identification Number

C S4AZ00139**Transaction ID : SB23.45544**

Amount of Each Disbursement this Period

40.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

320.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Zwebti, Rami, , ,

Mailing Address 6765 E Robinson Ave.

City
FresnoState
CAZip Code
93727

Purpose of Disbursement

Ballot Curing - In-Kind

Candidate Name

GRAY, ADAM C., , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 13

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	5		2	0	2	4		

FEC Identification Number

C H2CA13115**Transaction ID : SB23.45715**

Amount of Each Disbursement this Period

180.00

☐ 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	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	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).....▶

180.00

15650.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Adams, Sivan M., , ,Mailing Address 415 South Street
MB 1492City
WalthamState
MAZip Code
02453

Purpose of Disbursement

Strategic Consulting - IE Only Account

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
1	1		0	7		2	0	2	4

FEC Identification Number

C**Transaction ID : SB29.45101**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adams, Sivan M., , ,Mailing Address 415 South Street
MB 1492City
WalthamState
MAZip Code
02453

Purpose of Disbursement

Strategic Consulting - IE Only Account

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
1	1		0	8		2	0	2	4

FEC Identification Number

C**Transaction ID : SB29.45105**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Aggarwal, amiya, , ,

Mailing Address 12525 E Altadena Ave.

City
ScottsdaleState
AZZip Code
85259

Purpose of Disbursement

Strategic Consulting - IE Only Account

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
1	1		0	7		2	0	2	4

FEC Identification Number

C**Transaction ID : SB29.45100**

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

420.00

	21b		22		23		26		27
	28a		28b		28c	X	29		30b

YOUTH PROGRESSIVE ACTION CATALYST

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Bill.com

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2024			

Mailing Address 6220 America Center Drive
Suite 100City
San JoseState
CAZip Code
95002

FEC Identification Number

C**Transaction ID : SB29.44926**

Amount of Each Disbursement this Period

333.91

☐ Memo Item

Purpose of Disbursement

Payment Processing Fee - IE Only Account

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. Bill.com

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2024			

Mailing Address 6220 America Center Drive
Suite 100City
San JoseState
CAZip Code
95002

FEC Identification Number

C**Transaction ID : SB29.45127**

Amount of Each Disbursement this Period

344.24

☐ Memo Item

Purpose of Disbursement

Payment Processing Fee - IE Only Account

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. Blue Action Nevada

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2024			

Mailing Address

City

State

Zip Code

FEC Identification Number

C**Transaction ID : SB29.45119**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Purpose of Disbursement

Donation - IE Only Account

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

978.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Fiore, Anthony, , ,

Mailing Address 2516 Jacob Drive

City
Sinking SpringState
PAZip Code
19608

Purpose of Disbursement

Strategic Consulting - IE Only Account

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.45070**

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gupta, Yajat, , ,

Mailing Address 188 Magnolia Drive

City
Chester SpringsState
PAZip Code
19425

Purpose of Disbursement

Strategic Consulting - IE Only Account

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	2	4

FEC Identification Number

C**Transaction ID : SB29.45102**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Guthman, Nick, , ,

Mailing Address 10913 Lindblade St.

City
Culver CityState
CAZip Code
90230

Purpose of Disbursement

Payroll - IE Only Account

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	2	4

FEC Identification Number

C**Transaction ID : SB29.44955**

Amount of Each Disbursement this Period

2000.00

☐ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Guthman, Nick, , ,

Mailing Address 10913 Lindblade St.

City
Culver CityState
CAZip Code
90230

Purpose of Disbursement

Postage - IE Only Account

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2024			

FEC Identification Number

C**Transaction ID : SB29.45128**

Amount of Each Disbursement this Period

294.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. United States Postal Service

Mailing Address 9942 Culver Blvd.

City
Culver CityState
CAZip Code
90232

Purpose of Disbursement

Postage

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2024			

FEC Identification Number

C**Transaction ID : SB29.45128.0**

Amount of Each Disbursement this Period

294.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Guthman, Nick, , ,

Mailing Address 10913 Lindblade St.

City
Culver CityState
CAZip Code
90230

Purpose of Disbursement

Food - IE Only Account

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2024			

FEC Identification Number

C**Transaction ID : SB29.45131**

Amount of Each Disbursement this Period

217.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

511.60

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Le Diplomate

Mailing Address 1601 14th St NW

City
WashingtonState
DCZip Code
20009

Purpose of Disbursement

Food

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.45131.0

Amount of Each Disbursement this Period

217.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Guthman, Nick, , ,

Mailing Address 10913 Lindblade St.

City
Culver CityState
CAZip Code
90230

Purpose of Disbursement

Payroll - IE Only Account

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.45135

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. High School Democrats of America

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Donation - IE Only Account

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.45117

Amount of Each Disbursement this Period

800.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2	8	0	0	.	0	0
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Hogan, Ella, , ,Mailing Address 107 Robert Purcell
2584 Clara Dickson HallCity
IthacaState
NYZip Code
14853

Purpose of Disbursement

Strategic Consulting - IE Only Account

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2024			

FEC Identification Number

C**Transaction ID : SB29.45086**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jennings, Davante, , ,Mailing Address 77 East Andrews Dr NW
Unit 403City
AtlantaState
GAZip Code
30305

Purpose of Disbursement

Strategic Consulting - IE Only Account

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2024			

FEC Identification Number

C**Transaction ID : SB29.44992**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kagan, Benjamin, , ,

Mailing Address 6100 Main Street

City
HoustonState
TXZip Code
77005

Purpose of Disbursement

Strategic Consulting - IE Only Account

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2024			

FEC Identification Number

C**Transaction ID : SB29.45068**

Amount of Each Disbursement this Period

400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

900.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Kelly, Ethan, , ,

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Strategic Consulting - IE Only Account

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7							2
0												

FEC Identification Number

C**Transaction ID : SB29.44925**

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Latham-Stewart, Jonon, , ,

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Strategic Consulting - IE Only Account

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.45001**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Let's Roll Video Content LLCMailing Address 909 Davis St.
Suite 500

City

Evanston

State

IL

Zip Code

60201

Purpose of Disbursement

Video Production - IE Only Account

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	2							2
0												

FEC Identification Number

C**Transaction ID : SB29.44946**

Amount of Each Disbursement this Period

5640.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6440.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Moreno, Victoria, , ,

Mailing Address 120 Moose Club Drive

City
AthensState
GAZip Code
30606

Purpose of Disbursement

Strategic Consulting - IE Only Account

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	0			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB29.45044**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sabhnani, Anay, , ,

Mailing Address 15231 Heather Stone Ct.

City
San DiegoState
CAZip Code
92127

Purpose of Disbursement

Strategic Consulting - IE Only Account

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	8			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB29.45104**

Amount of Each Disbursement this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stahr, Morgan, , ,

Mailing Address 515 S Poplar St

City
HazletonState
PAZip Code
18201

Purpose of Disbursement

Payroll - IE Only Account

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB29.44954**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2345.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Stahr, Morgan, , ,

Mailing Address 515 S Poplar St

City
HazletonState
PAZip Code
18201

Purpose of Disbursement

Payroll - IE Only Account

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	1		2	5		2	0	2	4

FEC Identification Number

C **Transaction ID : SB29.45134**

Amount of Each Disbursement this Period

 2000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SWING LEFT

Mailing Address 700 13TH STREET NW, SUITE 600

City
WASHINGTONState
DCZip Code
20005

Purpose of Disbursement

Contribution - IE Only Account

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	0		2	1		2	0	2	4

FEC Identification Number

C C00632133**Transaction ID : SB29.44928**

Amount of Each Disbursement this Period

 500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Unfiltered Media LLCMailing Address 2663 Manhattan Place
#102City
ViennaState
VAZip Code
22180

Purpose of Disbursement

Payroll Processing - IE Only Account

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
1	0		2	3		2	0	2	4

FEC Identification Number

C **Transaction ID : SB29.44956**

Amount of Each Disbursement this Period

 200.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 2700.00**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Vasiloglou, Ismini K., , ,

Mailing Address 1938 Volberg str.

City
AtlantaState
GAZip Code
30318

Purpose of Disbursement

Strategic Consulting - IE Only Account

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	8			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB29.45108**

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Volunteer Recruitment Strategies LLC

Mailing Address 4305 NE 74th Ave

City
PortlandState
ORZip Code
97218

Purpose of Disbursement

Strategic Consulting - IE Only Account

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.44929**

Amount of Each Disbursement this Period

13962.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Volunteer Recruitment Strategies LLC

Mailing Address 4305 NE 74th Ave

City
PortlandState
ORZip Code
97218

Purpose of Disbursement

Strategic Consulting - IE Only Account

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB29.45061**

Amount of Each Disbursement this Period

19023.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32988.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Volunteer Recruitment Strategies LLC

Mailing Address 4305 NE 74th Ave

City
PortlandState
ORZip Code
97218

Purpose of Disbursement

Strategic Consulting - IE Only Account

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.45076**

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Waram, Mintra, , ,

Mailing Address 8072 E Mercer Ln.

City
ScottsdaleState
AZZip Code
85260

Purpose of Disbursement

Strategic Consulting - IE Only Account

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	8			2	0	2	4		

FEC Identification Number

C**Transaction ID : SB29.45106**

Amount of Each Disbursement this Period

13.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

20013.00

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

72957.25