

# 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

Check if different than previously reported. (ACC) SUITE 330

WASHINGTON DC 20005

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

C C00670216

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

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

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2020 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2020

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

Guthman, Nick, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Guthman, Nick, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**YOUTH PROGRESSIVE ACTION CATALYST**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="38109.63"/>	<input type="text" value="38109.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="154954.94"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="167896.52"/>	<input type="text" value="439833.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="322851.46"/>	<input type="text" value="477943.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="206751.94"/>	<input type="text" value="361843.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="116099.52"/>	<input type="text" value="116099.52"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**YOUTH PROGRESSIVE ACTION CATALYST**

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

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).....	52287.00	87080.25
(ii) Unitemized .....	93909.52	303496.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	146196.52	390576.46
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	146196.52	392576.46
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).....	1700.00	1720.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	20000.00	45537.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	167896.52	439833.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	167896.52	439833.46

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	201263.54	324956.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	201263.54	324956.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	790.00	5967.50
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 .....	524.00	1136.00
(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)).....	524.00	1136.00
29. Other Disbursements (Including Non-Federal Donations).....	4174.40	29783.40
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)) ..	206751.94	361843.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	206751.94	361843.57

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	146196.52	392576.46
34. Total Contribution Refunds (from Line 28(d)) .....	524.00	1136.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	145672.52	391440.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	201263.54	324956.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1700.00	1720.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	199563.54	323236.67

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Abt, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1322 Westway Drive  
 City Sarasota State FL Zip Code 34236  
 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 ▼ 276.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2020  
**Transaction ID : SA11AI.15676**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Abt, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1322 Westway Drive  
 City Sarasota State FL Zip Code 34236  
 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 ▼ 376.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2020  
**Transaction ID : SA11AI.15677**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Abt, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1322 Westway Drive  
 City Sarasota State FL Zip Code 34236  
 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 ▼ 426.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2020  
**Transaction ID : SA11AI.15678**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Anderson, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 968 Roxburgh  
 City E. Lansing State MI Zip Code 48823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Michigan State University Occupation (for Individual) faculty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : SA11AI.15715**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Ballard, Annette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 265 Northwestern Avenue  
 City Philadelphia State PA Zip Code 19128  
 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 09 / 02 / 2020  
**Transaction ID : SA11AI.15784**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Banks, Hannah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Garland Road  
 City Newton State MA Zip Code 02459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) architect  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2020  
**Transaction ID : SA11AI.18622**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Banks, Hannah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Garland Road  
 City Newton State MA Zip Code 02459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) architect  
 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  
 09 / 29 / 2020  
**Transaction ID : SA11AI.15796**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Bass, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Norris St  
 City Cambridge State MA Zip Code 02140  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2020  
**Transaction ID : SA11AI.15811**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Bell, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4404 De La Cruz NW  
 City Albuquerque State NM Zip Code 87107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Real estate  
 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  
 09 / 05 / 2020  
**Transaction ID : SA11AI.15831**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

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

Mailing Address 4404 De La Cruz NW

City Albuquerque	State NM	Zip Code 87107
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Real estate
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2020

**Transaction ID : SA11AI.15832**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 4404 De La Cruz NW

City Albuquerque	State NM	Zip Code 87107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Real estate
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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  
 09 / 15 / 2020

**Transaction ID : SA11AI.15833**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 4404 De La Cruz NW

City Albuquerque	State NM	Zip Code 87107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Real estate
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2020

**Transaction ID : SA11AI.15834**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

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

Mailing Address 4404 De La Cruz NW

City Albuquerque	State NM	Zip Code 87107
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Real estate
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2020

**Transaction ID : SA11AI.15835**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 240 Lincoln St

City Astoria	State OR	Zip Code 97103
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2020

**Transaction ID : SA11AI.15836**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 240 Lincoln St

City Astoria	State OR	Zip Code 97103
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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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
08		14		2020

**Transaction ID : SA11AI.15837**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 302
	<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**

**A. Bell, Stewart, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 Lincoln St  
 City Astoria State OR Zip Code 97103  
 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 ▼ 395.00

Date of Receipt 09 / 14 / 2020  
**Transaction ID : SA11AI.15838**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Bender, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 261 Vista del Parque  
 City Redondo Beach State CA Zip Code 90277  
 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 ▼ 2000.00

Date of Receipt 08 / 31 / 2020  
**Transaction ID : SA11AI.15843**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Benkman, Theresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10533 14th Ave NW  
 City Seattle State WA Zip Code 98177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Microsoft Occupation (for Individual) Software Developer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : SA11AI.15849**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Bollinger, Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1440 34th St.  
 City Allegan State MI Zip Code 49010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2020  
**Transaction ID : SA11AI.15909**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Bollinger, Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1440 34th St.  
 City Allegan State MI Zip Code 49010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) none  
 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  
 08 / 09 / 2020  
**Transaction ID : SA11AI.15910**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. Bollinger, Kay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1440 34th St.  
 City Allegan State MI Zip Code 49010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) none  
 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  
 08 / 26 / 2020  
**Transaction ID : SA11AI.15911**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

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

Mailing Address 1440 34th St.

City Allegan	State MI	Zip Code 49010
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) none	Occupation (for Individual) none
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
09 / 19 / 2020  
**Transaction ID : SA11AI.15912**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 975 Terrace Circle

City Colorado Springs	State CO	Zip Code 80904
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sparks Willson Borges Brandt & Johnson	Occupation (for Individual) Attorney
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
07 / 11 / 2020  
**Transaction ID : SA11AI.15919**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 193 Osborn St

City Philadelphia	State PA	Zip Code 19128
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) International SOS	Occupation (for Individual) Data Analyst
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
07 / 13 / 2020  
**Transaction ID : SA11AI.16006**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Burns, Phoebe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 193 Osborn St  
 City Philadelphia State PA Zip Code 19128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) International SOS Occupation (for Individual) Data Analyst  
 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  
 07 / 30 / 2020  
**Transaction ID : SA11AI.16007**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Burns, Phoebe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 193 Osborn St  
 City Philadelphia State PA Zip Code 19128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) International SOS Occupation (for Individual) Data Analyst  
 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  
 08 / 21 / 2020  
**Transaction ID : SA11AI.16008**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Burns, Phoebe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 193 Osborn St  
 City Philadelphia State PA Zip Code 19128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) International SOS Occupation (for Individual) Data Analyst  
 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  
 08 / 30 / 2020  
**Transaction ID : SA11AI.16009**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Burns, Phoebe, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 193 Osborn St  
 City Philadelphia State PA Zip Code 19128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) International SOS Occupation (for Individual) Data Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 09 / 30 / 2020  
**Transaction ID : SA11AI.16010**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Caban, Rafael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 706 S RAVEN RD  
 City Shorewood State IL Zip Code 60404  
 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 ▼ 205.00

Date of Receipt 09 / 25 / 2020  
**Transaction ID : SA11AI.16031**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. callaghan, carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3802 Waverly Hills Road  
 City Lansing State MI Zip Code 48917  
 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 ▼ 400.00

Date of Receipt 08 / 16 / 2020  
**Transaction ID : SA11AI.16040**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

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

Mailing Address 33 Cable Lane

City Athens	State OH	Zip Code 45701
----------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2020

**Transaction ID : SA11AI.16050**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 33 Cable Lane

City Athens	State OH	Zip Code 45701
----------------	-------------	-------------------

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2020

**Transaction ID : SA11AI.16051**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 135 Oak Forest Circle

City Charlottesville	State VA	Zip Code 22901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US Government	Occupation (for Individual) Economist
--	--

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
07		31		2020

**Transaction ID : SA11AI.16071**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 302
<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**

**A. Casey, Clyde, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 Oak Forest Circle  
 City Charlottesville State VA Zip Code 22901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Government Occupation (for Individual) Economist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 27 / 2020  
**Transaction ID : SA11AI.16072**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Christopher, Dylan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1365 N Avenue 57  
 City Los Angeles State CA Zip Code 90042  
 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 ▼ 300.00

Date of Receipt 09 / 11 / 2020  
**Transaction ID : SA11AI.16108**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Cleland, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5540 29th Ave NE  
 City Seattle State WA Zip Code 98105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 15 / 2020  
**Transaction ID : SA11AI.16117**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	385.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Cleland, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5540 29th Ave NE  
 City Seattle State WA Zip Code 98105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 13 / 2020  
**Transaction ID : SA11Al.16118**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Cleland, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5540 29th Ave NE  
 City Seattle State WA Zip Code 98105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 13 / 2020  
**Transaction ID : SA11Al.16119**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. COE, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 HEATHER LN  
 City COLUMBIA State MO Zip Code 65203-1322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) not employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 07 / 30 / 2020  
**Transaction ID : SA11Al.16127**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. COE, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 HEATHER LN  
 City COLUMBIA State MO Zip Code 65203-1322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 389.00

Date of Receipt 08 / 30 / 2020  
**Transaction ID : SA11AI.16128**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. COE, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 HEATHER LN  
 City COLUMBIA State MO Zip Code 65203-1322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 414.00

Date of Receipt 09 / 30 / 2020  
**Transaction ID : SA11AI.16129**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Cohen, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Payson Terrace  
 City Belmont State MA Zip Code 02478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) not employed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 07 / 21 / 2020  
**Transaction ID : SA11AI.16143**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Corwin, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93 Washington Avenue  
 City Northampton State MA Zip Code 01060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Velocity Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : SA11AI.16173**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Crane, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7777 Fox Tail Court  
 City Highland State CA Zip Code 92346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christian Counseling Service Occupation (for Individual) Retired Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : SA11AI.16196**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Crane, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7777 Fox Tail Court  
 City Highland State CA Zip Code 92346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christian Counseling Service Occupation (for Individual) Retired Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 25 / 2020  
**Transaction ID : SA11AI.16197**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

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

Mailing Address 7777 Fox Tail Court

City Highland	State CA	Zip Code 92346
------------------	-------------	-------------------

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

Name of Employer (for Individual) Christian Counseling Service	Occupation (for Individual) Retired Psychologist
---	---

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
09		29		2020

**Transaction ID : SA11AI.16198**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1744 S Humboldt St

City Denver	State CO	Zip Code 80210-3342
----------------	-------------	------------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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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
08		01		2020

**Transaction ID : SA11AI.16244**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 4420 N CLYBOURN AVE

City BURBANK	State CA	Zip Code 91505-4005
-----------------	-------------	------------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2020

**Transaction ID : SA11AI.16291**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Dooley, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 N CLYBOURN AVE  
 City BURBANK State CA Zip Code 91505-4005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2020  
**Transaction ID : SA11AI.16292**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dooley, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 N CLYBOURN AVE  
 City BURBANK State CA Zip Code 91505-4005  
 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 ▼ 1500.00

Date of Receipt 09 / 26 / 2020  
**Transaction ID : SA11AI.16293**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dooley, Winifred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 n. clybourn  
 City burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) writer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 07 / 26 / 2020  
**Transaction ID : SA11AI.16294**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Dooley, Winifred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 n. clybourn  
 City burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2020  
**Transaction ID : SA11AI.16295**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dooley, Winifred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 n. clybourn  
 City burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2020  
**Transaction ID : SA11AI.16296**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Dooley, Winifred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 n. clybourn  
 City burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) writer  
 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  
 08 / 26 / 2020  
**Transaction ID : SA11AI.16297**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Dooley, Winifred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 n. clybourn  
 City burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1850.00

Date of Receipt  
 09 / 05 / 2020  
**Transaction ID : SA11AI.16298**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dooley, Winifred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 n. clybourn  
 City burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
 09 / 09 / 2020  
**Transaction ID : SA11AI.16299**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dooley, Winifred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 n. clybourn  
 City burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt  
 09 / 15 / 2020  
**Transaction ID : SA11AI.16300**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Dooley, Winifred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 n. clybourn  
 City burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3350.00

Date of Receipt 09 / 24 / 2020  
**Transaction ID : SA11AI.16301**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dragon, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 Deerfield Road #305  
 City Highland Park State IL Zip Code 60035  
 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 09 / 05 / 2020  
**Transaction ID : SA11AI.16307**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Duke, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5389 Flintwood Circle  
 City Pensacola State FL Zip Code 32504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Global Connections to Employment Occupation (for Individual) Sr Exec Org Mgmt Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : SA11AI.16323**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Edwards, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Self Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 15 / 2020  
**Transaction ID : SA11AI.16341**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Edwards, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Self Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 27 / 2020  
**Transaction ID : SA11AI.16342**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Edwards, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Self Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 07 / 31 / 2020  
**Transaction ID : SA11AI.16343**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Edwards, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Self Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : SA11AI.16344**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Edwards, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) Self Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt 09 / 27 / 2020  
**Transaction ID : SA11AI.16345**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Emerson, C Shelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20221 La Paloma Avenue  
 City Saratoga State CA Zip Code 95070  
 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 ▼ 220.00

Date of Receipt 08 / 01 / 2020  
**Transaction ID : SA11AI.16360**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Emerson, C Shelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20221 La Paloma Avenue  
 City Saratoga State CA Zip Code 95070  
 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 ▼ 245.00

Date of Receipt 08 / 03 / 2020  
**Transaction ID : SA11AI.16361**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Emerson, C Shelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20221 La Paloma Avenue  
 City Saratoga State CA Zip Code 95070  
 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 ▼ 270.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : SA11AI.16362**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Emerson, C Shelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20221 La Paloma Avenue  
 City Saratoga State CA Zip Code 95070  
 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 ▼ 320.00

Date of Receipt 09 / 12 / 2020  
**Transaction ID : SA11AI.16363**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Epperson, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13750 Hunbard St #52  
 City Sylmar State CA Zip Code 91342  
 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 ▼ 275.00

Date of Receipt 09 / 01 / 2020  
**Transaction ID : SA11AI.16373**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Farrell, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 76 Park Street  
 City Arlington State MA Zip Code 02474-3333  
 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 ▼ 600.00

Date of Receipt 09 / 19 / 2020  
**Transaction ID : SA11AI.16394**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Fernald, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6159 NE COPPER BEECH DR.  
 City Hillsboro State OR Zip Code 97124  
 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 09 / 17 / 2020  
**Transaction ID : SA11AI.16419**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Fernald, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6159 NE COPPER BEECH DR.  
 City Hillsboro State OR Zip Code 97124  
 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 ▼ 550.00

Date of Receipt **09 / 18 / 2020**  
**Transaction ID : SA11AI.16420**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Ferrell, William R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4091 E Third St  
 City Tucson State AZ Zip Code 85711-1901  
 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 ▼ 300.00

Date of Receipt **07 / 31 / 2020**  
**Transaction ID : SA11AI.16421**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Ferrell, William R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4091 E Third St  
 City Tucson State AZ Zip Code 85711-1901  
 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 ▼ 500.00

Date of Receipt **08 / 17 / 2020**  
**Transaction ID : SA11AI.16422**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

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

Mailing Address 1474 Paseo de Oro

City pacific Palisades	State CA	Zip Code 90272
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) healthcare partners	Occupation (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  
 07 / 09 / 2020

**Transaction ID : SA11AI.16439**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1474 Paseo de Oro

City pacific Palisades	State CA	Zip Code 90272
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) healthcare partners	Occupation (for Individual) physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2020

**Transaction ID : SA11AI.16440**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1474 Paseo de Oro

City pacific Palisades	State CA	Zip Code 90272
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) healthcare partners	Occupation (for Individual) physician
--	--

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  
 07 / 30 / 2020

**Transaction ID : SA11AI.16441**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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**

**A.** fite, austin, , ,

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

Mailing Address 1474 Paseo de Oro

City pacific Palisades	State CA	Zip Code 90272
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) healthcare partners	Occupation (for Individual) physician
--	--

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  
 08 / 09 / 2020

**Transaction ID : SA11AI.16442**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** fite, austin, , ,

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

Mailing Address 1474 Paseo de Oro

City pacific Palisades	State CA	Zip Code 90272
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) healthcare partners	Occupation (for Individual) physician
--	--

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  
 08 / 17 / 2020

**Transaction ID : SA11AI.16443**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** fite, austin, , ,

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

Mailing Address 1474 Paseo de Oro

City pacific Palisades	State CA	Zip Code 90272
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) healthcare partners	Occupation (for Individual) physician
--	--

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  
 08 / 28 / 2020

**Transaction ID : SA11AI.16444**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 302
	<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**

**A. Fluhrer, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1068 N Eagle Hollow Rd  
 City Green Valley State AZ Zip Code 85614  
 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 08 / 10 / 2020  
**Transaction ID : SA11AI.16455**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Fluhrer, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1068 N Eagle Hollow Rd  
 City Green Valley State AZ Zip Code 85614  
 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 ▼ 600.00

Date of Receipt 09 / 05 / 2020  
**Transaction ID : SA11AI.16456**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Fluhrer, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1068 N Eagle Hollow Rd  
 City Green Valley State AZ Zip Code 85614  
 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 ▼ 850.00

Date of Receipt 09 / 21 / 2020  
**Transaction ID : SA11AI.16457**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Fluhrer, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1068 N Eagle Hollow Rd  
 City Green Valley State AZ Zip Code 85614  
 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 ▼ 1100.00

Date of Receipt 09 / 26 / 2020  
**Transaction ID : SA11AI.16458**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Gallie Jewett, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Rose Av  
 City Toronto State ZZ Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SickKids Hospital Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2020  
**Transaction ID : SA11AI.15665**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Gallie Jewett, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Rose Av  
 City Toronto State ZZ Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SickKids Hospital Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : SA11AI.15666**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Gallie Jewett, Brenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Rose Av  
 City Toronto State ZZ Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SickKids Hospital Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : SA11AI.15667**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Garst, Blaine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1062 Eastwood Dr  
 City Los Altos State CA Zip Code 94024  
 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 09 / 25 / 2020  
**Transaction ID : SA11AI.16537**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Geisler, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Vista Way  
 City Bloomfield State CT Zip Code 06002  
 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 ▼ 300.00

Date of Receipt 08 / 03 / 2020  
**Transaction ID : SA11AI.16546**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Geisler, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 Vista Way  
 City Bloomfield State CT Zip Code 06002  
 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 ▼ 400.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : SA11AI.16547**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Gerhard, Walter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 West Sunset Avenue  
 City Philadelphia State PA Zip Code 19118  
 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 ▼ 550.00

Date of Receipt 07 / 18 / 2020  
**Transaction ID : SA11AI.16556**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Gerhard, Walter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 West Sunset Avenue  
 City Philadelphia State PA Zip Code 19118  
 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 ▼ 650.00

Date of Receipt 08 / 20 / 2020  
**Transaction ID : SA11AI.16557**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Gerhard, Walter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 West Sunset Avenue  
 City Philadelphia State PA Zip Code 19118  
 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 ▼ 700.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : SA11AI.16558**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Gluck, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 502 Lindley Rd.  
 City Glenside State PA Zip Code 19038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 08 / 29 / 2020  
**Transaction ID : SA11AI.16588**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Gluck, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 502 Lindley Rd.  
 City Glenside State PA Zip Code 19038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 12 / 2020  
**Transaction ID : SA11AI.16589**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Goddard, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Dapplegray Rd  
 City Bell Canyon State CA Zip Code 91307  
 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 ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2020  
**Transaction ID : SA11AI.16590**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Goddard, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Dapplegray Rd  
 City Bell Canyon State CA Zip Code 91307  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2020  
**Transaction ID : SA11AI.16591**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Goddard, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 Dapplegray Rd  
 City Bell Canyon State CA Zip Code 91307  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2020  
**Transaction ID : SA11AI.16592**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Gomez, Mauricio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 441 Commercial Ave  
 City South San Francisco State CA Zip Code 94080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amazon Occupation (for Individual) Sortation Associate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **07 / 30 / 2020**  
**Transaction ID : SA11AI.16606**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Greenberg, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 N. Bundy Drive  
 City Los Angeles State CA Zip Code 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **09 / 08 / 2020**  
**Transaction ID : SA11AI.18626**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Greenfield, Lorraine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11519 Venice Blvd. Apt 6  
 City Los Angeles State CA Zip Code 90066  
 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 ▼ 225.00

Date of Receipt **09 / 09 / 2020**  
**Transaction ID : SA11AI.16653**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Guthman, Les, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 W. 85th St. 14H  
 City New York State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) XPLR Productions Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : SA11AI.16694**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Hall, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Norris St  
 City Cambridge State MA Zip Code 02140  
 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 ▼ 700.00

Date of Receipt 07 / 15 / 2020  
**Transaction ID : SA11AI.16706**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Hall, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Norris St  
 City Cambridge State MA Zip Code 02140  
 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 ▼ 1700.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : SA11AI.16707**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Hardin, Ray, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 650 Huntington Avenue #8F  
 City Boston State MA Zip Code 02115-5914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Massachusetts Inst. of Technology Occupation (for Individual) Administrative Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 29 / 2020  
**Transaction ID : SA11AI.16719**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Hardin, Ray, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 650 Huntington Avenue #8F  
 City Boston State MA Zip Code 02115-5914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Massachusetts Inst. of Technology Occupation (for Individual) Administrative Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 06 / 2020  
**Transaction ID : SA11AI.16720**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Heckman, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Towsontown Court 201  
 City Towson State MD Zip Code 21204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Freelance Writer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2020  
**Transaction ID : SA11AI.16757**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Heckman, Joanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11174 Wood Elves Way  
 City Columbia State MD Zip Code 21044  
 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 ▼ 600.00

Date of Receipt **07 / 24 / 2020**  
**Transaction ID : SA11AI.16758**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. hegehan, elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 riverside drive  
 City ny State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) psychologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt **07 / 10 / 2020**  
**Transaction ID : SA11AI.16762**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. hegehan, elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 riverside drive  
 City ny State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt **08 / 16 / 2020**  
**Transaction ID : SA11AI.16763**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Horne, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 936 N. Vista St  
 City LA State CA Zip Code 90046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) mjj Corp. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 24 / 2020  
**Transaction ID : SA11AI.16849**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Hull, Megan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2226 Hall Pl. NW  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : SA11AI.16865**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. ives, j.atwood, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 Waltham St#598  
 City Lexington State MA Zip Code 02421  
 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 08 / 08 / 2020  
**Transaction ID : SA11AI.16891**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 <b>A. ives, j.atwood, , ,</b>			Date of Receipt MM / DD / YYYY 08 / 15 / 2020 <b>Transaction ID : SA11Al.16892</b>
Mailing Address 1010 Waltham St#598			Amount of Each Receipt this Period 50.00
City Lexington	State MA	Zip Code 02421	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ives, j.atwood, , ,</b>			Date of Receipt MM / DD / YYYY 08 / 23 / 2020 <b>Transaction ID : SA11Al.16893</b>
Mailing Address 1010 Waltham St#598			Amount of Each Receipt this Period 25.00
City Lexington	State MA	Zip Code 02421	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. ives, j.atwood, , ,</b>			Date of Receipt MM / DD / YYYY 08 / 26 / 2020 <b>Transaction ID : SA11Al.16894</b>
Mailing Address 1010 Waltham St#598			Amount of Each Receipt this Period 50.00
City Lexington	State MA	Zip Code 02421	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

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

Mailing Address 1010 Waltham St#598

City Lexington	State MA	Zip Code 02421
-------------------	-------------	-------------------

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 ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2020

**Transaction ID : SA11AI.16895**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ives, j.atwood, , ,**

Mailing Address 1010 Waltham St#598

City Lexington	State MA	Zip Code 02421
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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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2020

**Transaction ID : SA11AI.16896**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1010 Waltham St#598

City Lexington	State MA	Zip Code 02421
-------------------	-------------	-------------------

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2020

**Transaction ID : SA11AI.16897**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 302
	<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**

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

Mailing Address 1010 Waltham St#598

City Lexington	State MA	Zip Code 02421
-------------------	-------------	-------------------

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 ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2020

**Transaction ID : SA11AI.16898**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ives, j.atwood, , ,**

Mailing Address 1010 Waltham St#598

City Lexington	State MA	Zip Code 02421
-------------------	-------------	-------------------

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 ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2020

**Transaction ID : SA11AI.16899**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 8319 Huron River Drive

City Dexter	State MI	Zip Code 48130
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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 ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2020

**Transaction ID : SA11AI.16933**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Joseph, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Sunnyland Dr.  
 City San Antonio State TX Zip Code 78228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 08 / 11 / 2020  
**Transaction ID : SA11AI.16944**  
 Amount of Each Receipt this Period 47.00  
 Memo Item

**B. Joseph, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 Sunnyland Dr.  
 City San Antonio State TX Zip Code 78228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 11 / 2020  
**Transaction ID : SA11AI.16945**  
 Amount of Each Receipt this Period 47.00  
 Memo Item

**C. Kasparian, Gail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2230 Vista de Colinas Drive  
 City Rio Rancho State NM Zip Code 87124  
 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 ▼ 300.00

Date of Receipt 09 / 19 / 2020  
**Transaction ID : SA11AI.16965**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	294.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Keelan, Helen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5941 Stoneview Dr.  
 City Culver City State CA Zip Code 90232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rite Aid Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2020  
**Transaction ID : SA11AI.16980**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kenning, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 Wilson Street  
 City Petaluma State CA Zip Code 94952  
 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 ▼ 220.00

Date of Receipt 08 / 28 / 2020  
**Transaction ID : SA11AI.17007**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Kenning, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 Wilson Street  
 City Petaluma State CA Zip Code 94952  
 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 ▼ 245.00

Date of Receipt 09 / 28 / 2020  
**Transaction ID : SA11AI.17008**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Knapp, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 E Main St. Apt 333  
 City Westborough State MA Zip Code 01581  
 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 ▼ 650.00

Date of Receipt 07 / 07 / 2020  
**Transaction ID : SA11AI.17049**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Knapp, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 E Main St. Apt 333  
 City Westborough State MA Zip Code 01581  
 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 ▼ 675.00

Date of Receipt 07 / 30 / 2020  
**Transaction ID : SA11AI.17050**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Knapp, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 E Main St. Apt 333  
 City Westborough State MA Zip Code 01581  
 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 ▼ 700.00

Date of Receipt 08 / 07 / 2020  
**Transaction ID : SA11AI.17051**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Knapp, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 E Main St. Apt 333  
 City Westborough State MA Zip Code 01581  
 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 ▼ 725.00

Date of Receipt 08 / 30 / 2020  
**Transaction ID : SA11AI.17052**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Knapp, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 E Main St. Apt 333  
 City Westborough State MA Zip Code 01581  
 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 ▼ 750.00

Date of Receipt 09 / 07 / 2020  
**Transaction ID : SA11AI.17053**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Knapp, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 129 E Main St. Apt 333  
 City Westborough State MA Zip Code 01581  
 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 ▼ 775.00

Date of Receipt 09 / 30 / 2020  
**Transaction ID : SA11AI.17054**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. kramer, Susie and Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 Stonegate Drive  
 City Highland Park State IL Zip Code 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northshore Healthsystem Occupation (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  
 09 / 03 / 2020  
**Transaction ID : SA11AI.17090**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Kramer, Wayne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31865 Corte Sagunto  
 City Temecula State CA Zip Code 92592  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Plumber Occupation (for Individual) Owner  
 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  
 08 / 06 / 2020  
**Transaction ID : SA11AI.17092**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Lambrix, Jay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 West State Street  
 City Ithaca State NY Zip Code 14850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ITCTC Occupation (for Individual) Transportation Analyst  
 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  
 09 / 25 / 2020  
**Transaction ID : SA11AI.17122**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Latham, Alida, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 Fairview Ave East  
 City Seattle State WA Zip Code 98102  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) self Occupation (for Individual) photographer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1500.00

Date of Receipt 08 / 27 / 2020  
**Transaction ID : SA11Al.17143**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lebowitz, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5911 Lone Oak Dr.  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) none Occupation (for Individual) retired scientist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 275.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : SA11Al.17160**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Lebowitz, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5911 Lone Oak Dr.  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) none Occupation (for Individual) retired scientist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.00

Date of Receipt 09 / 12 / 2020  
**Transaction ID : SA11Al.17161**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Lebowitz, Jacob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5911 Lone Oak Dr.  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) retired scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 411.00

Date of Receipt 09 / 27 / 2020  
**Transaction ID : SA11Al.17162**  
 Amount of Each Receipt this Period 111.00  
 Memo Item

**B. Leihbacher, Doug, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 Benedict Avenue  
 City Tarrytown State NY Zip Code 10591  
 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 ▼ 1085.00

Date of Receipt 07 / 20 / 2020  
**Transaction ID : SA11Al.17165**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Leihbacher, Doug, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 Benedict Avenue  
 City Tarrytown State NY Zip Code 10591  
 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 ▼ 1125.00

Date of Receipt 09 / 06 / 2020  
**Transaction ID : SA11Al.17166**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	176.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 302
	<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**

**A. Leihbacher, Doug, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 Benedict Avenue  
 City Tarrytown State NY Zip Code 10591  
 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 ▼ 1145.00

Date of Receipt 09 / 30 / 2020  
**Transaction ID : SA11Al.17167**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Levin, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Smoke Rise Rd  
 City Bedminster State NJ Zip Code 07921  
 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 ▼ 205.00

Date of Receipt 09 / 15 / 2020  
**Transaction ID : SA11Al.17184**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Levin, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 W. Erie St. Apt. 2  
 City Chicago State IL Zip Code 60654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Levin Schreder & Carey Ltd Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 30 / 2020  
**Transaction ID : SA11Al.17185**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Levin, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 W. Erie St. Apt. 2  
 City Chicago State IL Zip Code 60654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Levin Schreder & Carey Ltd Occupation (for Individual) Attorney  
 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  
 08 / 30 / 2020  
**Transaction ID : SA11Al.17186**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. Levin, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 W. Erie St. Apt. 2  
 City Chicago State IL Zip Code 60654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Levin Schreder & Carey Ltd Occupation (for Individual) Attorney  
 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  
 09 / 29 / 2020  
**Transaction ID : SA11Al.17187**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Levin, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 W. Erie St. Apt. 2  
 City Chicago State IL Zip Code 60654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Levin Schreder & Carey Ltd Occupation (for Individual) Attorney  
 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  
 09 / 30 / 2020  
**Transaction ID : SA11Al.17188**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Lingam, Sashi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4615 Center Blvd 310  
 City Long Island City State NY Zip Code 11109  
 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 ▼ 3730.00

Date of Receipt 08 / 05 / 2020  
**Transaction ID : SA11AI.17220**  
 Amount of Each Receipt this Period 3630.00  
 Memo Item

**B. Litt, Paula, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 NOVELDA RD  
 City ALHAMBRA State CA Zip Code 91801  
 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 ▼ 500.00

Date of Receipt 08 / 07 / 2020  
**Transaction ID : SA11AI.17224**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Lustgarten, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Hanover Court  
 City Santa Cruz State CA Zip Code 95062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) nonprofit Occupation (for Individual) manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 09 / 2020  
**Transaction ID : SA11AI.17249**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4230.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 302
<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**

**A. Lustgarden, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Hanover Court  
 City Santa Cruz State CA Zip Code 95062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) nonprofit Occupation (for Individual) manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2020  
**Transaction ID : SA11AI.17250**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Marsh, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1808 glen Ellen rd  
 City Sioux City State IA Zip Code 51106  
 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 ▼ 220.00

Date of Receipt 08 / 30 / 2020  
**Transaction ID : SA11AI.17314**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Marsh, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1808 glen Ellen rd  
 City Sioux City State IA Zip Code 51106  
 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 ▼ 245.00

Date of Receipt 09 / 12 / 2020  
**Transaction ID : SA11AI.17315**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Mashian, Cornelia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Sunset Ave  
 City Santa Cruz CA State CA Zip Code 95060  
 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 ▼ 500.00

Date of Receipt 09 / 06 / 2020  
**Transaction ID : SA11AI.17332**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Mazur, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2717 milwaukee st #3  
 City Madison WI State WI Zip Code 53704  
 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 08 / 07 / 2020  
**Transaction ID : SA11AI.17351**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Mehl, Carter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1054 Peralta Avenue  
 City Albany CA State CA Zip Code 94706  
 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 ▼ 385.00

Date of Receipt 09 / 16 / 2020  
**Transaction ID : SA11AI.17399**  
 Amount of Each Receipt this Period 51.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	601.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Mehl, Carter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1054 Peralta Avenue  
 City Albany State CA Zip Code 94706  
 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 ▼ 436.00

Date of Receipt 09 / 24 / 2020  
**Transaction ID : SA11AI.17400**  
 Amount of Each Receipt this Period 51.00  
 Memo Item

**B. Minnette, Dylan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 Wilshire Blvd  
 City Santa Monica State CA Zip Code 90401  
 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 ▼ 300.00

Date of Receipt 09 / 11 / 2020  
**Transaction ID : SA11AI.17456**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Moore, Noelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Ernel Drive  
 City Riverside State CT Zip Code 06878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PepsiCo Occupation (for Individual) Finance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2020  
**Transaction ID : SA11AI.17471**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	601.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Moreillon, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 661 W Calle Torres Blancas #5105  
 City Green Valley State AZ Zip Code 85614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 23 / 2020  
**Transaction ID : SA11AI.17481**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Moreillon, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 661 W Calle Torres Blancas #5105  
 City Green Valley State AZ Zip Code 85614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 07 / 2020  
**Transaction ID : SA11AI.17482**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Moreillon, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 661 W Calle Torres Blancas #5105  
 City Green Valley State AZ Zip Code 85614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 23 / 2020  
**Transaction ID : SA11AI.17483**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 80.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Moy, Kirsten S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 Georgia Way  
 City San Leandro State CA Zip Code 94577  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2020  
**Transaction ID : SA11AI.17499**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Moy, Kirsten S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 Georgia Way  
 City San Leandro State CA Zip Code 94577  
 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 ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2020  
**Transaction ID : SA11AI.17500**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Moy, Kirsten S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 Georgia Way  
 City San Leandro State CA Zip Code 94577  
 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  
 08 / 03 / 2020  
**Transaction ID : SA11AI.17502**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Moy, Kirsten S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 Georgia Way  
 City San Leandro State CA Zip Code 94577  
 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 ▼ 425.00

Date of Receipt 08 / 11 / 2020  
**Transaction ID : SA11Al.17503**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Moy, Kirsten S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 Georgia Way  
 City San Leandro State CA Zip Code 94577  
 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 ▼ 525.00

Date of Receipt 08 / 15 / 2020  
**Transaction ID : SA11Al.17501**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Moy, Kirsten S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 197 Georgia Way  
 City San Leandro State CA Zip Code 94577  
 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 ▼ 600.00

Date of Receipt 09 / 11 / 2020  
**Transaction ID : SA11Al.17504**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Nicholes, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6261 E. Fox Glen Dr  
 City Anaheim State CA Zip Code 92807  
 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 ▼ 400.00

Date of Receipt **08 / 30 / 2020**  
**Transaction ID : SA11Al.17562**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Nixon, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4205 Ridgemon Drive  
 City Everett State WA Zip Code 98203  
 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 ▼ 245.00

Date of Receipt **08 / 23 / 2020**  
**Transaction ID : SA11Al.17574**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. O'Loughlin, Leslie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2705 Teckla Blvd  
 City Amarillo State TX Zip Code 79106-6048  
 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 **07 / 24 / 2020**  
**Transaction ID : SA11Al.17617**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

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

Mailing Address 1451 Canterbury Rd.

City Fayetteville	State AR	Zip Code 72701
----------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) social worker
---	--

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
07		29		2020

**Transaction ID : SA11AI.17597**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1451 Canterbury Rd.

City Fayetteville	State AR	Zip Code 72701
----------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) social worker
---	--

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
08		11		2020

**Transaction ID : SA11AI.17598**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1451 Canterbury Rd.

City Fayetteville	State AR	Zip Code 72701
----------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) social worker
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2020

**Transaction ID : SA11AI.17599**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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**

**A. Oelsner, Leslie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1451 Canterbury Rd.  
 City Fayetteville State AR Zip Code 72701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (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  
 09 / 10 / 2020  
**Transaction ID : SA11AI.17600**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Oelsner, Leslie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1451 Canterbury Rd.  
 City Fayetteville State AR Zip Code 72701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) social worker  
 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  
 09 / 11 / 2020  
**Transaction ID : SA11AI.17601**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. Oelsner, Leslie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1451 Canterbury Rd.  
 City Fayetteville State AR Zip Code 72701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) social worker  
 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  
 09 / 16 / 2020  
**Transaction ID : SA11AI.17602**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Oelsner, Leslie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1451 Canterbury Rd.  
 City Fayetteville State AR Zip Code 72701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) social worker  
 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  
 09 / 19 / 2020  
**Transaction ID : SA11AI.17603**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Oelsner, Leslie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1451 Canterbury Rd.  
 City Fayetteville State AR Zip Code 72701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) social worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2020  
**Transaction ID : SA11AI.17604**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Overs, Mark P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21414 Silver Spring Dr.  
 City Menomonee Falls State WI Zip Code 53061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2020  
**Transaction ID : SA11AI.18644**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Overs, Mark P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21414 Silver Spring Dr.  
 City Menomonee Falls State WI Zip Code 53061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 785.00

Date of Receipt **08 / 28 / 2020**  
**Transaction ID : SA11AI.18620**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Parr, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Bay Tree Lane  
 City Mill Valley State CA Zip Code 94941  
 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 **09 / 19 / 2020**  
**Transaction ID : SA11AI.17652**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Perrigo, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Ticino Rd  
 City New Bern State NC Zip Code 28562  
 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 ▼ 225.00

Date of Receipt **09 / 30 / 2020**  
**Transaction ID : SA11AI.17693**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 302
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Peterson, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6348 Lake Dr  
 City Haslett State MI Zip Code 48840  
 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 09 / 24 / 2020  
**Transaction ID : SA11AI.17707**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Pulse, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 Murphy Drive  
 City Canadian State OK Zip Code 74425  
 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 ▼ 390.00

Date of Receipt 09 / 05 / 2020  
**Transaction ID : SA11AI.17763**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Pulse, Diane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 Murphy Drive  
 City Canadian State OK Zip Code 74425  
 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 ▼ 490.00

Date of Receipt 09 / 18 / 2020  
**Transaction ID : SA11AI.17764**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

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

Mailing Address 917 Jefferson Ave

City Farmington	State NM	Zip Code 87401
--------------------	-------------	-------------------

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

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

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
07		28		2020

**Transaction ID : SA11AI.17780**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Rankin, R Stephen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 917 Jefferson Ave

City Farmington	State NM	Zip Code 87401
--------------------	-------------	-------------------

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

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

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
08		27		2020

**Transaction ID : SA11AI.17781**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 917 Jefferson Ave

City Farmington	State NM	Zip Code 87401
--------------------	-------------	-------------------

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

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

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
09		20		2020

**Transaction ID : SA11AI.17782**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 70 OF 302  
(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**

**A. Rankin, R Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 917 Jefferson Ave  
 City Farmington State NM Zip Code 87401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Private Occupation (for Individual) Pediatrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 26 / 2020  
**Transaction ID : SA11Al.17783**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Reibstein, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6322+Camino+Corto  
 City San+Diego State CA Zip Code 92120  
 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 ▼ 425.00

Date of Receipt 07 / 12 / 2020  
**Transaction ID : SA11Al.17797**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Reisel, Karl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1563 Riverdale Dr.  
 City Oconomowoc State WI Zip Code 53066  
 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 ▼ 325.00

Date of Receipt 08 / 03 / 2020  
**Transaction ID : SA11Al.17801**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 302
	<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**

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

Mailing Address 1563 Riverdale Dr.

City Oconomowoc	State WI	Zip Code 53066
--------------------	-------------	-------------------

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	/	D D	/	Y Y Y Y
08		07		2020

**Transaction ID : SA11AI.17802**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1563 Riverdale Dr.

City Oconomowoc	State WI	Zip Code 53066
--------------------	-------------	-------------------

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	/	D D	/	Y Y Y Y
09		07		2020

**Transaction ID : SA11AI.17803**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address PO Box 44

City Embudo	State NM	Zip Code 87531
----------------	-------------	-------------------

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

Name of Employer (for Individual) Embudo Valley Organics	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		08		2020

**Transaction ID : SA11AI.18625**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Roberts, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 243 Bryant  
 City Glen Ellyn State IL Zip Code 60137  
 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 ▼ 220.00

Date of Receipt 09 / 30 / 2020  
**Transaction ID : SA11AI.17853**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Ross, Molly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 924 W. Wolfensberger Road  
 City Castle Rock State CO Zip Code 80109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Deltex Royalty Company Occupation (for Individual) Small Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2020  
**Transaction ID : SA11AI.17907**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Saalwaechter, Susie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1564 Alki Ave SW Apt 104  
 City Seattle State WA Zip Code 98116  
 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 ▼ 500.00

Date of Receipt 09 / 20 / 2020  
**Transaction ID : SA11AI.17937**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	810.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

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

Mailing Address 11811 San Vicente Blvd

City Los Angeles	State CA	Zip Code 90049
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Thomas Safran & Associates	Occupation (for Individual) Owner
---	--------------------------------------

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
08		10		2020

**Transaction ID : SA11AI.17939**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 10 Botany Place

City Brunswick	State ME	Zip Code 04011
-------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2020

**Transaction ID : SA11AI.17946**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 10 Botany Place

City Brunswick	State ME	Zip Code 04011
-------------------	-------------	-------------------

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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2020

**Transaction ID : SA11AI.17947**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5075.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

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

Mailing Address 10 Botany Place

City Brunswick	State ME	Zip Code 04011
-------------------	-------------	-------------------

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 ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2020

**Transaction ID : SA11AI.17948**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 10 Botany Place

City Brunswick	State ME	Zip Code 04011
-------------------	-------------	-------------------

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 ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2020

**Transaction ID : SA11AI.17949**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 208 23rd Ave.

City San Mateo	State CA	Zip Code 94403
-------------------	-------------	-------------------

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 ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2020

**Transaction ID : SA11AI.17962**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Santos, Dave, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 23rd Ave.  
 City San Mateo State CA Zip Code 94403  
 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 ▼ 245.00

Date of Receipt 09 / 25 / 2020  
**Transaction ID : SA11AI.17963**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. sarkisian, corey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address po box 1541  
 City Vashon State WA Zip Code 98070  
 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 ▼ 205.00

Date of Receipt 08 / 26 / 2020  
**Transaction ID : SA11AI.17966**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Schmidt, Annie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5309 CAMERON DR NW  
 City Rochester State MN Zip Code 55901  
 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 ▼ 210.00

Date of Receipt 09 / 24 / 2020  
**Transaction ID : SA11AI.18000**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Segnitz, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 Sherman St  
 City Santa Cruz State CA Zip Code 95060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PAMF Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 19 / 2020  
**Transaction ID : SA11AI.18029**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Segnitz, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 Sherman St  
 City Santa Cruz State CA Zip Code 95060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PAMF Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2020  
**Transaction ID : SA11AI.18030**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Seitz, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9226 Westfork Trl  
 City Fort Worth State TX Zip Code 76179  
 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 ▼ 245.00

Date of Receipt 09 / 17 / 2020  
**Transaction ID : SA11AI.18034**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Selby, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 S Chippewa pl  
 City Chandler State AZ Zip Code 85224  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Arizona State University Occupation (for Individual) Lecturer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 13 / 2020  
**Transaction ID : SA11AI.18038**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Severtson, Laurence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 646  
 City Olympia State WA Zip Code 98507-0646  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) none Occupation (for Individual) none  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 18 / 2020  
**Transaction ID : SA11AI.18053**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Shields, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 13th Avenue West  
 City Kirkland State WA Zip Code 98033  
 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 08 / 27 / 2020  
**Transaction ID : SA11AI.18079**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Shields, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 13th Avenue West  
 City Kirkland State WA Zip Code 98033  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2020  
**Transaction ID : SA11AI.18080**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Silver, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 Arlington Avenue  
 City Berkeley State CA Zip Code 94707  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2020  
**Transaction ID : SA11AI.18095**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Sinclair, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2922 Tilden Ave  
 City Los Angeles State CA Zip Code 90064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) CPA  
 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  
 09 / 15 / 2020  
**Transaction ID : SA11AI.18111**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Sinclair, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2922 Tilden Ave  
 City Los Angeles State CA Zip Code 90064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 29 / 2020  
**Transaction ID : SA11AI.18112**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Sinclair, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 Ellen Drive  
 City San Rafael State CA Zip Code 94903  
 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 ▼ 225.00

Date of Receipt 09 / 12 / 2020  
**Transaction ID : SA11AI.18117**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Smith, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1439 Briarwood  
 City Marshfield State MO Zip Code 76501  
 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 ▼ 345.00

Date of Receipt 07 / 23 / 2020  
**Transaction ID : SA11AI.18146**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

**A. Smith, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1439 Briarwood  
 City Marshfield State MO Zip Code 76501  
 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 ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2020  
**Transaction ID : SA11Al.18147**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Smith, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1439 Briarwood  
 City Marshfield State MO Zip Code 76501  
 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 ▼ 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2020  
**Transaction ID : SA11Al.18148**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Smith, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1439 Briarwood  
 City Marshfield State MO Zip Code 76501  
 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 ▼ 445.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2020  
**Transaction ID : SA11Al.18149**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Smith, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1439 Briarwood  
 City Marshfield State MO Zip Code 76501  
 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 ▼ 495.00

Date of Receipt 09 / 30 / 2020  
**Transaction ID : SA11AI.18150**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Smudz, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4655 Haymarket Ct  
 City Columbus State OH Zip Code 43220  
 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 ▼ 300.00

Date of Receipt 07 / 12 / 2020  
**Transaction ID : SA11AI.18151**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Smudz, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4655 Haymarket Ct  
 City Columbus State OH Zip Code 43220  
 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 ▼ 550.00

Date of Receipt 07 / 23 / 2020  
**Transaction ID : SA11AI.18152**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

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

Mailing Address 4655 Haymarket Ct

City Columbus	State OH	Zip Code 43220
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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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
09		04		2020

**Transaction ID : SA11AI.18153**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 6 Wyndham Place

City Durham	State NC	Zip Code 27705
----------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2020

**Transaction ID : SA11AI.18187**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 66 lake Road

City Dublin	State NH	Zip Code 03444
----------------	-------------	-------------------

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
08		26		2020

**Transaction ID : SA11AI.18198**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Stanley, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 lake Road  
 City Dublin State NH Zip Code 03444  
 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 08 / 29 / 2020  
**Transaction ID : SA11AI.18199**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Stanley, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 lake Road  
 City Dublin State NH Zip Code 03444  
 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 ▼ 600.00

Date of Receipt 09 / 15 / 2020  
**Transaction ID : SA11AI.18200**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Stanley, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 lake Road  
 City Dublin State NH Zip Code 03444  
 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 ▼ 850.00

Date of Receipt 09 / 26 / 2020  
**Transaction ID : SA11AI.18201**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Steck, Pat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1308 Old Stickney Point Rd.  
 City Sarasota State FL Zip Code 34242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) not employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 23 / 2020**  
**Transaction ID : SA11AI.18208**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Stegman, Cathy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8748 old Indian hill rd  
 City Cincinnati State OH Zip Code 45243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 11 / 2020**  
**Transaction ID : SA11AI.18211**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Steinhauer, Jerry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 S Owen Drive  
 City Madison State WI Zip Code 53705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Singlewire Software LLC Occupation (for Individual) CTO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt **07 / 10 / 2020**  
**Transaction ID : SA11AI.18218**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 302
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

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

Mailing Address 221 S Owen Drive

City Madison	State WI	Zip Code 53705
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Singlewire Software LLC	Occupation (for Individual) CTO
--	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2020

**Transaction ID : SA11AI.18219**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 221 S Owen Drive

City Madison	State WI	Zip Code 53705
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Singlewire Software LLC	Occupation (for Individual) CTO
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2020

**Transaction ID : SA11AI.18220**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 5101 Narragansett Ave. Apt. 206

City San Diego	State CA	Zip Code 92107
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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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
07	/	15	/	2020

**Transaction ID : SA11AI.18226**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 302
<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**

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

Mailing Address 5101 Narragansett Ave. Apt. 206

City San Diego	State CA	Zip Code 92107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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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
09		07		2020

**Transaction ID : SA11AI.18227**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 5101 Narragansett Ave. Apt. 206

City San Diego	State CA	Zip Code 92107
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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 ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2020

**Transaction ID : SA11AI.18228**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 6370 Oxbow Bend

City Chanhassen	State MN	Zip Code 55317
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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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
07		21		2020

**Transaction ID : SA11AI.18241**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 302
<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**

**A. Teichert, Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 N Water St  
 City Batavia State IL Zip Code 60510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fermi Research Alliance Occupation (for Individual) educator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 30 / 2020  
**Transaction ID : SA11AI.18303**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Teichert, Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 N Water St  
 City Batavia State IL Zip Code 60510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fermi Research Alliance Occupation (for Individual) educator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 12 / 2020  
**Transaction ID : SA11AI.18304**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Thomason, Camilla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Shepherd Mountain Cove Unit 1  
 City Austin State TX Zip Code 78730  
 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 08 / 26 / 2020  
**Transaction ID : SA11AI.18319**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 302
<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**

**A. Thomason, Camilla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Shepherd Mountain Cove Unit 1  
 City Austin State TX Zip Code 78730  
 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 ▼ 325.00

Date of Receipt 09 / 05 / 2020  
**Transaction ID : SA11AI.18320**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Tuggle, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2445 Selwyn Avenue #504  
 City Charlotte State NC Zip Code 28209  
 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 ▼ 300.00

Date of Receipt 07 / 19 / 2020  
**Transaction ID : SA11AI.18350**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Urbanowicz, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6150 Hereford  
 City Detroit State MI Zip Code 48224-2058  
 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 ▼ 285.00

Date of Receipt 09 / 24 / 2020  
**Transaction ID : SA11AI.18357**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Urich, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2121NW Savier St. Apr.305  
 City Portland State OR Zip Code 97210  
 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 07 / 30 / 2020  
**Transaction ID : SA11AI.18359**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Urich, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2121NW Savier St. Apr.305  
 City Portland State OR Zip Code 97210  
 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 ▼ 300.00

Date of Receipt 09 / 01 / 2020  
**Transaction ID : SA11AI.18360**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Verderber, Elsa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1635 Roseland Ave  
 City E. Lansing State MI Zip Code 48823-4751  
 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 ▼ 240.00

Date of Receipt 08 / 09 / 2020  
**Transaction ID : SA11AI.18384**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	340.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Verderber, Elsa, , ,**

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

Mailing Address 1635 Roseland Ave

City E. Lansing	State MI	Zip Code 48823-4751
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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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
08		15		2020

**Transaction ID : SA11AI.18385**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Verderber, Elsa, , ,**

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

Mailing Address 1635 Roseland Ave

City E. Lansing	State MI	Zip Code 48823-4751
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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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
09		11		2020

**Transaction ID : SA11AI.18386**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Verderber, Elsa, , ,**

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

Mailing Address 1635 Roseland Ave

City E. Lansing	State MI	Zip Code 48823-4751
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2020

**Transaction ID : SA11AI.18387**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Vickers, Earl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1828 Harding St.  
 City Seaside State CA Zip Code 93955  
 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 08 / 20 / 2020  
**Transaction ID : SA11AI.18394**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Vickers, Earl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1828 Harding St.  
 City Seaside State CA Zip Code 93955  
 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 ▼ 275.00

Date of Receipt 09 / 19 / 2020  
**Transaction ID : SA11AI.18395**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Vickers, Earl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1828 Harding St.  
 City Seaside State CA Zip Code 93955  
 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 ▼ 300.00

Date of Receipt 09 / 29 / 2020  
**Transaction ID : SA11AI.18396**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 302
<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**

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

Mailing Address 3026 Q N.W.

City Washington	State DC	Zip Code 20007
--------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2020

**Transaction ID : SA11AI.18419**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 20 Norwood ave

City Asheville	State NC	Zip Code 28804
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Communications and advocacy coach
---	--

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
09	/	23	/	2020

**Transaction ID : SA11AI.18423**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 343 Valley Oaks Drive

City Santa Rosa	State CA	Zip Code 95409
--------------------	-------------	-------------------

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2020

**Transaction ID : SA11AI.18459**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 302
<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**

**A. Weicker, Dorothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 343 Valley Oaks Drive  
 City Santa Rosa State CA Zip Code 95409  
 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  
 08 / 09 / 2020  
**Transaction ID : SA11AI.18460**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Weicker, Dorothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 343 Valley Oaks Drive  
 City Santa Rosa State CA Zip Code 95409  
 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 ▼ 275.00

Date of Receipt  
 08 / 12 / 2020  
**Transaction ID : SA11AI.18461**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Weicker, Dorothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 343 Valley Oaks Drive  
 City Santa Rosa State CA Zip Code 95409  
 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 ▼ 300.00

Date of Receipt  
 09 / 11 / 2020  
**Transaction ID : SA11AI.18462**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 302
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Weicker, Dorothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 343 Valley Oaks Drive  
 City Santa Rosa State CA Zip Code 95409  
 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 ▼ 325.00

Date of Receipt 09 / 14 / 2020  
**Transaction ID : SA11AI.18463**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Wilson, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Holmdel New Jersey  
 City Holmdel State NJ Zip Code 07733  
 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 ▼ 300.00

Date of Receipt 09 / 03 / 2020  
**Transaction ID : SA11AI.18536**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Yaffe, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2798 Woodridge Dr  
 City Fort Mill State SC Zip Code 29715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yaffe mobility consulting Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 12 / 2020  
**Transaction ID : SA11AI.18571**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	52287.00

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

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

FOR LINE NUMBER: PAGE 95 OF 302  
(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**

**A. Civitech**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1023 Springdale Rd  
 13E  
 City Austin State TX Zip Code 78721  
 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 ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2020  
**Transaction ID : SA15.18629**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 302
<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**

**A. Clarke, Jennifer W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 Lonee Oak Dr.  
 City Austin State TX Zip Code 78704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capital Bookkeeping and Consul Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 30 / 2020  
**Transaction ID : SA17.18669**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 Contribution - IE Only Account

**B. Crook, William H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 227 N. Mitchell  
 City San Maarcos State TX Zip Code 78666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eleanor Crook Foundation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 01 / 2020  
**Transaction ID : SA17.18668**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
 Contribution - IE Only Account

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Aaronson, Marissa, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 704 E Dorchester		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18772</b> Amount of Each Disbursement this Period [ ] 200.00	
City Saint Johns	State FL	Zip Code 32259	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Aaronson, Marissa, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 704 E Dorchester		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18773</b> Amount of Each Disbursement this Period [ ] 200.00	
City Saint Johns	State FL	Zip Code 32259	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address PO Box 441146		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18595</b> Amount of Each Disbursement this Period [ ] 5506.36	
City Somerville	State MA	Zip Code 02144	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 5906.36
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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 LLC**

Mailing Address 1900 L Street, NW  
Suite 900

City Washington State DC Zip Code 20036

Purpose of Disbursement Database Management

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.18686  
Amount of Each Disbursement this Period

[REDACTED] 2910.34

Memo Item

Full Name (Last, First, Middle Initial)

**B. Action Squared LLC**

Mailing Address 1900 L Street, NW  
Suite 900

City Washington State DC Zip Code 20036

Purpose of Disbursement Database Management

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.18717  
Amount of Each Disbursement this Period

[REDACTED] 2327.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. Action Squared LLC**

Mailing Address 1900 L Street, NW  
Suite 900

City Washington State DC Zip Code 20036

Purpose of Disbursement Database Management

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.18743  
Amount of Each Disbursement this Period

[REDACTED] 2018.66

Memo Item

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

[REDACTED] 7256.76

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Alfano, Eleanor, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1440 Lincoln Ave

City Saint Paul State MN Zip Code 55105

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18775

Amount of Each Disbursement this Period: 250.00

Memo Item

**B. Alfano, Eleanor, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1440 Lincoln Ave

City Saint Paul State MN Zip Code 55105

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18776

Amount of Each Disbursement this Period: 250.00

Memo Item

**C. Amalgamated Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K Street, N.W

City Washington State DC Zip Code 20006

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 24 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18701

Amount of Each Disbursement this Period: 5.57

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 505.57

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Amalgamated Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K Street, N.W

City Washington State DC Zip Code 20006

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18735

Amount of Each Disbursement this Period: 0.42

Memo Item

**B. Amalgamated Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K Street, N.W

City Washington State DC Zip Code 20006

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 28 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18759

Amount of Each Disbursement this Period: 62.56

Memo Item

**C. Appel, Julia F, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4309 N Farwell Ave

City Shorewood State WI Zip Code 53211

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18778

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 312.98

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Appel, Julia F, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4309 N Farwell Ave

City Shorewood State WI Zip Code 53211

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18779

Amount of Each Disbursement this Period: 250.00

Memo Item

**B. Aridou, Thamara L, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2920 Wyman Parkway

City Baltimore State MD Zip Code 21211

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18782

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Aridou, Thamara L, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2920 Wyman Parkway

City Baltimore State MD Zip Code 21211

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18783

Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 650.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Balijepalli, Nikhitha, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 23507 Sugar View Drive			
City Clarksburg	State MD	Zip Code 20871	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 200.00		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Balijepalli, Nikhitha, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 23507 Sugar View Drive			
City Clarksburg	State MD	Zip Code 20871	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 200.00		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Balijepalli, Nikhitha, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 23507 Sugar View Drive			
City Clarksburg	State MD	Zip Code 20871	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 200.00		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Balijepalli, Nikhitha, , ,**

Mailing Address 23507 Sugar View Drive

City  
Clarksburg

State  
MD

Zip Code  
20871

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	8		2	1		2	0	2	0

FEC Identification Number

**C**

**Transaction ID : SB21B.18787**

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. Balijepalli, Nikhitha, , ,**

Mailing Address 23507 Sugar View Drive

City  
Clarksburg

State  
MD

Zip Code  
20871

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	9		0	9		2	0	2	0

FEC Identification Number

**C**

**Transaction ID : SB21B.18788**

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. Balijepalli, Nikhitha, , ,**

Mailing Address 23507 Sugar View Drive

City  
Clarksburg

State  
MD

Zip Code  
20871

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	9		1	8		2	0	2	0

FEC Identification Number

**C**

**Transaction ID : SB21B.18788**

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Memo Item

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

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

6	0	0	0	0	0
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Balijepalli, Nikhitha, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 23507 Sugar View Drive

City Clarksburg State MD Zip Code 20871

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18790

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Bauman, Alexandra, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 65 Edgewood Ave #2

City New Haven State CT Zip Code 06511

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18791

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Bauman, Alexandra, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 65 Edgewood Ave #2

City New Haven State CT Zip Code 06511

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18792

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Bauman, Alexandra, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 65 Edgewood Ave #2		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18793</b> Amount of Each Disbursement this Period [ ] 200.00	
City New Haven	State CT	Zip Code 06511	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Bauman, Alexandra, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 65 Edgewood Ave #2		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18794</b> Amount of Each Disbursement this Period [ ] 200.00	
City New Haven	State CT	Zip Code 06511	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Bauman, Alexandra, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 65 Edgewood Ave #2		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18795</b> Amount of Each Disbursement this Period [ ] 200.00	
City New Haven	State CT	Zip Code 06511	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Bauman, Alexandra, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 65 Edgewood Ave #2		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18796</b> Amount of Each Disbursement this Period [ ] 200.00	
City New Haven	State CT	Zip Code 06511	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Bauman, Alexandra, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 65 Edgewood Ave #2		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18797</b> Amount of Each Disbursement this Period [ ] 200.00	
City New Haven	State CT	Zip Code 06511	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Bloomquist, Lauren, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 1606 Spencer St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18798</b> Amount of Each Disbursement this Period [ ] 200.00	
City Bellevue	State NE	Zip Code 68123	Category/ Type [ ]
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:	<input type="checkbox"/> 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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Bloomquist, Lauren, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 1606 Spencer St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18799</b> Amount of Each Disbursement this Period [ ] 200.00	
City Bellevue	State NE	Zip Code 68123	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bloomquist, Lauren, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 1606 Spencer St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18800</b> Amount of Each Disbursement this Period [ ] 200.00	
City Bellevue	State NE	Zip Code 68123	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Bloomquist, Lauren, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 1606 Spencer St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18801</b> Amount of Each Disbursement this Period [ ] 200.00	
City Bellevue	State NE	Zip Code 68123	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Bolding, Jasmine Y, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 700 Madison Street NW APT 203		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18803</b> Amount of Each Disbursement this Period [ ] 200.00	
City Washington	State DC	Zip Code 20011	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bolding, Jasmine Y, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 700 Madison Street NW APT 203		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18804</b> Amount of Each Disbursement this Period [ ] 200.00	
City Washington	State DC	Zip Code 20011	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Bolding, Jasmine Y, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 700 Madison Street NW APT 203		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18805</b> Amount of Each Disbursement this Period [ ] 200.00	
City Washington	State DC	Zip Code 20011	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Borin, Sofia I, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 13220 Admiral Ave UNIT G		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18808</b>	
City Marina Del Rey	State CA	Zip Code 90292	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Borin, Sofia I, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 13220 Admiral Ave UNIT G		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18809</b>	
City Marina Del Rey	State CA	Zip Code 90292	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Bradbury, Maya, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 58 Webster Rd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18814</b>	
City Freeport	State ME	Zip Code 04032	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Bradbury, Maya, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 58 Webster Rd

City Freeport State ME Zip Code 04032

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18815

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Brennan, Claire, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3027 S. Jasmine St.

City Denver State CO Zip Code 80222

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18818

Amount of Each Disbursement this Period: 300.00

Memo Item

**C. Brennan, Claire, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3027 S. Jasmine St.

City Denver State CO Zip Code 80222

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18815

Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 700.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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**

**A. Brennan, Claire, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3027 S. Jasmine St.

City Denver State CO Zip Code 80222

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18820

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Brennan, Claire, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3027 S. Jasmine St.

City Denver State CO Zip Code 80222

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18821

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Buder-Greenwood, Anika, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1319 Prospect Ave

City Brooklyn State NY Zip Code 11218

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18822

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 650.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Buder-Greenwood, Anika, , ,**

Mailing Address 1319 Prospect Ave

City  
Brooklyn

State  
NY

Zip Code  
11218

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	0

FEC Identification Number

**C** Transaction ID : **SB21B.18824**  
Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Burns, Sophie G, , ,**

Mailing Address 205 East 78th Street  
Apt 11H

City  
New York

State  
NY

Zip Code  
10075

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	2	0

FEC Identification Number

**C** Transaction ID : **SB21B.18827**  
Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Centers, Ania, , ,**

Mailing Address 17191 State Hwy 149 N

City  
Tatum

State  
TX

Zip Code  
75691

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	0

FEC Identification Number

**C** Transaction ID : **SB21B.18828**  
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)..... ▶

750.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Centers, Ania, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 17191 State Hwy 149 N

City Tatum State TX Zip Code 75691

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18829

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Centers, Ania, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 17191 State Hwy 149 N

City Tatum State TX Zip Code 75691

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18830

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Cerabona, Cole Davis, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 27 Clear Brook Crossing

City Kennebunk State ME Zip Code 04043

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18832

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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. Cerabona, Cole Davis, , ,**

Mailing Address 27 Clear Brook Crossing

City Kennebunk State ME Zip Code 04043

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.18833  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cerabona, Cole Davis, , ,**

Mailing Address 27 Clear Brook Crossing

City Kennebunk State ME Zip Code 04043

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.18834  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cerabona, Cole Davis, , ,**

Mailing Address 27 Clear Brook Crossing

City Kennebunk State ME Zip Code 04043

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.18835  
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)..... ▶

600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Chambers, Phoebe H, , ,**

Mailing Address 11409 Ridge Mist Terrace

City  
Potomac

State  
MD

Zip Code  
20854

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	9			1	8			2	0	2	0		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.18838**  
 Amount of Each Disbursement this Period  
 [ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chambers, Phoebe H, , ,**

Mailing Address 11409 Ridge Mist Terrace

City  
Potomac

State  
MD

Zip Code  
20854

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	9			3	0			2	0	2	0		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.18839**  
 Amount of Each Disbursement this Period  
 [ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Charles, Larissa, , ,**

Mailing Address 1936 North St

City  
Nacagdoches

State  
TX

Zip Code  
75962

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	9			2	1			2	0	2	0		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.18752**  
 Amount of Each Disbursement this Period  
 [ ] 50.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Charles, Larissa, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1936 North St

City Nacagdoches State TX Zip Code 75962

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18765

Amount of Each Disbursement this Period: 150.00

Memo Item

**B. Chen, Angela, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3333 Wisconsin Avenue NW Apt 412

City Washington State DC Zip Code 20016

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18840

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Chen, Angela, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3333 Wisconsin Avenue NW Apt 412

City Washington State DC Zip Code 20016

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18841

Amount of Each Disbursement this Period: 300.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 650.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Chen, Angela, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020
Mailing Address 3333 Wisconsin Avenue NW Apt 412		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.18842</b> Amount of Each Disbursement this Period 200.00
City Washington	State DC	
Purpose of Disbursement Strategic Consulting	Zip Code 20016	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chen, Angela, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020
Mailing Address 3333 Wisconsin Avenue NW Apt 412		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.18843</b> Amount of Each Disbursement this Period 200.00
City Washington	State DC	
Purpose of Disbursement Strategic Consulting	Zip Code 20016	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Chen, Angela, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 3333 Wisconsin Avenue NW Apt 412		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.18844</b> Amount of Each Disbursement this Period 200.00
City Washington	State DC	
Purpose of Disbursement Strategic Consulting	Zip Code 20016	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Chisolm, Rosalie K, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020
Mailing Address 1818 Putter Ct Unit C		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18847</b>
City Harrisonburg	State VA	Zip Code 22801
Purpose of Disbursement Strategic Consulting		Amount of Each Disbursement this Period [ ] 200.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input 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	

Full Name (Last, First, Middle Initial) <b>B. Chisolm, Rosalie K, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 1818 Putter Ct Unit C		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18848</b>
City Harrisonburg	State VA	Zip Code 22801
Purpose of Disbursement Strategic Consulting		Amount of Each Disbursement this Period [ ] 200.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input 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	

Full Name (Last, First, Middle Initial) <b>C. Chisolm, Rosalie K, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020
Mailing Address 1818 Putter Ct Unit C		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18848</b>
City Harrisonburg	State VA	Zip Code 22801
Purpose of Disbursement Strategic Consulting		Amount of Each Disbursement this Period [ ] 200.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Chisolm, Rosalie K, , ,**

Mailing Address 1818 Putter Ct  
Unit C

City  
Harrisonburg

State  
VA

Zip Code  
22801

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	2	0

FEC Identification Number

**C**  
**Transaction ID : SB21B.18850**  
Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chisolm, Rosalie K, , ,**

Mailing Address 1818 Putter Ct  
Unit C

City  
Harrisonburg

State  
VA

Zip Code  
22801

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	2	0

FEC Identification Number

**C**  
**Transaction ID : SB21B.18851**  
Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chisolm, Rosalie K, , ,**

Mailing Address 1818 Putter Ct  
Unit C

City  
Harrisonburg

State  
VA

Zip Code  
22801

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	0

FEC Identification Number

**C**  
**Transaction ID : SB21B.18852**  
Amount of Each Disbursement this Period

200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Chisolm, Rosalie K, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 1818 Putter Ct Unit C		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.18853</b> Amount of Each Disbursement this Period [REDACTED] 200.00	
City Harrisonburg	State VA	Zip Code 22801	Category/ Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Chisolm II, Kevin G, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 67 Broadway		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.18854</b> Amount of Each Disbursement this Period [REDACTED] 200.00	
City Keyport	State NJ	Zip Code 07735	Category/ Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Chisolm II, Kevin G, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 67 Broadway		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.18855</b> Amount of Each Disbursement this Period [REDACTED] 200.00	
City Keyport	State NJ	Zip Code 07735	Category/ Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Chisolm II, Kevin G, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020
Mailing Address 67 Broadway		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.18856</b> Amount of Each Disbursement this Period 200.00
City Keyport	State NJ	
Purpose of Disbursement Strategic Consulting	Zip Code 07735	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chowdhury, Zubaidah, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020
Mailing Address 4000 Brandywine Street NW 111		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.18857</b> Amount of Each Disbursement this Period 200.00
City Washington	State DC	
Purpose of Disbursement Strategic Consulting	Zip Code 20016	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Chowdhury, Zubaidah, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 4000 Brandywine Street NW 111		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.18858</b> Amount of Each Disbursement this Period 200.00
City Washington	State DC	
Purpose of Disbursement Strategic Consulting	Zip Code 20016	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Chowdhury, Zubaidah, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 4000 Brandywine Street NW 111		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18859</b> Amount of Each Disbursement this Period [ ] 200.00	
City Washington	State DC	Zip Code 20016	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Chowdhury, Zubaidah, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 4000 Brandywine Street NW 111		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18860</b> Amount of Each Disbursement this Period [ ] 200.00	
City Washington	State DC	Zip Code 20016	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Chowdhury, Zubaidah, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 4000 Brandywine Street NW 111		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18861</b> Amount of Each Disbursement this Period [ ] 200.00	
City Washington	State DC	Zip Code 20016	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Chowdhury, Zubaidah, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 4000 Brandywine Street NW 111		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18862</b> Amount of Each Disbursement this Period [ ] 200.00	
City Washington	State DC	Zip Code 20016	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Chowdhury, Zubaidah, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 4000 Brandywine Street NW 111		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18863</b> Amount of Each Disbursement this Period [ ] 200.00	
City Washington	State DC	Zip Code 20016	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Chowla, Simran, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 4 Putnam CT		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18864</b> Amount of Each Disbursement this Period [ ] 200.00	
City Princeton Junction	State NJ	Zip Code 08550	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Chowla, Simran, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 4 Putnam CT		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18865</b> Amount of Each Disbursement this Period [ ] 200.00	
City Princeton Junction	State NJ	Zip Code 08550	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Chowla, Simran, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 4 Putnam CT		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18866</b> Amount of Each Disbursement this Period [ ] 200.00	
City Princeton Junction	State NJ	Zip Code 08550	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Chowla, Simran, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 4 Putnam CT		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18867</b> Amount of Each Disbursement this Period [ ] 200.00	
City Princeton Junction	State NJ	Zip Code 08550	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Chui, Megan K, , ,**

Mailing Address 2240 South Rosewood Street

City Philadelphia

State PA

Zip Code 19145

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2020

FEC Identification Number

C

Transaction ID : SB21B.18869

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Civitech**

Mailing Address 1023 Springdale Rd  
13E

City Austin

State TX

Zip Code 78721

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2020

FEC Identification Number

C

Transaction ID : SB21B.18687

Amount of Each Disbursement this Period

154.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. Civitech**

Mailing Address 1023 Springdale Rd  
13E

City Austin

State TX

Zip Code 78721

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2020

FEC Identification Number

C

Transaction ID : SB21B.19506

Amount of Each Disbursement this Period

500.00

Memo Item

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

904.76

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Civitech**

Mailing Address 1023 Springdale Rd  
13E

City Austin State TX Zip Code 78721

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.19509**  
Amount of Each Disbursement this Period  
152.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Civitech**

Mailing Address 1023 Springdale Rd  
13E

City Austin State TX Zip Code 78721

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.19511**  
Amount of Each Disbursement this Period  
161.12

Memo Item

Full Name (Last, First, Middle Initial)

**C. Civitech**

Mailing Address 1023 Springdale Rd  
13E

City Austin State TX Zip Code 78721

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.1874t**  
Amount of Each Disbursement this Period  
500.00

Memo Item

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

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

813.12

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Clairmont, Dylan, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4414 Larchwood #2

City Philadelphia State PA Zip Code 19104

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18870

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Clairmont, Dylan, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4414 Larchwood #2

City Philadelphia State PA Zip Code 19104

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18871

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Clairmont, Dylan, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4414 Larchwood #2

City Philadelphia State PA Zip Code 19104

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18872

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)..... ▶

600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Coneybeare, Emily, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020
Mailing Address 19504 Ronald ave		FEC Identification Number C <b>Transaction ID : SB21B.18873</b> Amount of Each Disbursement this Period 200.00
City Torrance	State CA	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Coneybeare, Emily, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 19504 Ronald ave		FEC Identification Number C <b>Transaction ID : SB21B.18874</b> Amount of Each Disbursement this Period 200.00
City Torrance	State CA	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Coneybeare, Emily, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020
Mailing Address 19504 Ronald ave		FEC Identification Number C <b>Transaction ID : SB21B.18875</b> Amount of Each Disbursement this Period 200.00
City Torrance	State CA	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Coneybeare, Emily, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 19504 Ronald ave

City Torrance State CA Zip Code 90503

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18876

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Cooley, Mariah, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1102 E Melbourne Ave

City Peoria State IL Zip Code 61603

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18877

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Cooley, Mariah, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1102 E Melbourne Ave

City Peoria State IL Zip Code 61603

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18878

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Cooley, Mariah, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1102 E Melbourne Ave

City Peoria State IL Zip Code 61603

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18879

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Cooley, Mariah, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1102 E Melbourne Ave

City Peoria State IL Zip Code 61603

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18880

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Cooley, Mariah, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1102 E Melbourne Ave

City Peoria State IL Zip Code 61603

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18881

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Cooley, Mariah, , ,**

Mailing Address 1102 E Melbourne Ave

City  
Peoria

State  
IL

Zip Code  
61603

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	9			1	8			2	0	2	0		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.18882**  
Amount of Each Disbursement this Period  
[ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cooley, Mariah, , ,**

Mailing Address 1102 E Melbourne Ave

City  
Peoria

State  
IL

Zip Code  
61603

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	9			3	0			2	0	2	0		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.18883**  
Amount of Each Disbursement this Period  
[ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cordova-Vizuite, Fernando, , ,**

Mailing Address 181 Hackensack Plk Rd,  
Apt. 2

City  
Weehawken

State  
NJ

Zip Code  
07086

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	7			0	6			2	0	2	0		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.18884**  
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)..... ▶

6	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Cordova-Vizuete, Fernando, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 181 Hackensack Plk Rd, Apt. 2		FEC Identification Number C <b>Transaction ID : SB21B.18885</b> Amount of Each Disbursement this Period 200.00
City Weehawken	State NJ	
Purpose of Disbursement Strategic Consulting	Zip Code 07086	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cordova-Vizuete, Fernando, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020
Mailing Address 181 Hackensack Plk Rd, Apt. 2		FEC Identification Number C <b>Transaction ID : SB21B.18886</b> Amount of Each Disbursement this Period 200.00
City Weehawken	State NJ	
Purpose of Disbursement Strategic Consulting	Zip Code 07086	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cordova-Vizuete, Fernando, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020
Mailing Address 181 Hackensack Plk Rd, Apt. 2		FEC Identification Number C <b>Transaction ID : SB21B.18887</b> Amount of Each Disbursement this Period 200.00
City Weehawken	State NJ	
Purpose of Disbursement Strategic Consulting	Zip Code 07086	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Cordova-Vizuet, Fernando, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 181 Hackensack Plk Rd,  
Apt. 2

City Weehawken State NJ Zip Code 07086

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 09 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18888

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Cordova-Vizuet, Fernando, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 181 Hackensack Plk Rd,  
Apt. 2

City Weehawken State NJ Zip Code 07086

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18889

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Cordova-Vizuet, Fernando, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 181 Hackensack Plk Rd,  
Apt. 2

City Weehawken State NJ Zip Code 07086

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.1889c

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Couture, Emilia M, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 118 A John Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18893</b>	
City Charlottesville	State VA	Zip Code 22903	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Couture, Emilia M, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 118 A John Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18894</b>	
City Charlottesville	State VA	Zip Code 22903	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Couture, Rosalie P, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 116 N Garfield St.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18895</b>	
City Arlington	State VA	Zip Code 22201	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Couture, Rosalie P, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 116 N Garfield St.

City Arlington State VA Zip Code 22201

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18896

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Couture, Rosalie P, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 116 N Garfield St.

City Arlington State VA Zip Code 22201

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18897

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Couture, Rosalie P, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 116 N Garfield St.

City Arlington State VA Zip Code 22201

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18898

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Couture, Rosalie P, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 116 N Garfield St.

City Arlington State VA Zip Code 22201

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18899

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Couture, Rosalie P, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 116 N Garfield St.

City Arlington State VA Zip Code 22201

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18900

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Couture, Rosalie P, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 116 N Garfield St.

City Arlington State VA Zip Code 22201

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18901

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)..... ▶

600.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Cunningham, Alan, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 330 Ridge Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18902</b> Amount of Each Disbursement this Period [ ] 200.00	
City Middletown	State CT	Zip Code 06457	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Cunningham, Alan, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 330 Ridge Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18903</b> Amount of Each Disbursement this Period [ ] 200.00	
City Middletown	State CT	Zip Code 06457	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Cunningham, Alan, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 330 Ridge Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18904</b> Amount of Each Disbursement this Period [ ] 200.00	
City Middletown	State CT	Zip Code 06457	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Cunningham, Alan, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 330 Ridge Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18905</b> Amount of Each Disbursement this Period [ ] 200.00	
City Middletown	State CT	Zip Code 06457	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Cunningham, Alan, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 330 Ridge Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18906</b> Amount of Each Disbursement this Period [ ] 200.00	
City Middletown	State CT	Zip Code 06457	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Cunningham, Alan, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 330 Ridge Rd.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18907</b> Amount of Each Disbursement this Period [ ] 200.00	
City Middletown	State CT	Zip Code 06457	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Cunningham, Alan, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 330 Ridge Rd.			FEC Identification Number C [ ] <b>Transaction ID : SB21B.18908</b> Amount of Each Disbursement this Period [ ] 200.00	
City Middletown	State CT	Zip Code 06457	Category/Type [ ]	
Purpose of Disbursement Strategic Consulting			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [ ] 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:			Amount of Each Disbursement this Period [ ] 200.00	
Full Name (Last, First, Middle Initial) <b>B. Davis, Nathanael, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 4569 w 62nd st			FEC Identification Number C [ ] <b>Transaction ID : SB21B.18909</b> Amount of Each Disbursement this Period [ ] 200.00	
City Los Angeles	State CA	Zip Code 90043	Category/Type [ ]	
Purpose of Disbursement Strategic Consulting			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [ ] 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:			Amount of Each Disbursement this Period [ ] 200.00	
Full Name (Last, First, Middle Initial) <b>C. Davis, Nathanael, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 4569 w 62nd st			FEC Identification Number C [ ] <b>Transaction ID : SB21B.18911</b> Amount of Each Disbursement this Period [ ] 200.00	
City Los Angeles	State CA	Zip Code 90043	Category/Type [ ]	
Purpose of Disbursement Strategic Consulting			Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period [ ] 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: District:			Amount of Each Disbursement this Period [ ] 200.00	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 600.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Davis, Nathanael, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 4569 w 62nd st		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18911</b> Amount of Each Disbursement this Period [ ] 200.00	
City Los Angeles	State CA	Zip Code 90043	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Davis, Nathanael, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 4569 w 62nd st		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18912</b> Amount of Each Disbursement this Period [ ] 200.00	
City Los Angeles	State CA	Zip Code 90043	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. De-Jesus, Jasmile A, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 830 Bruce Street Apt. 23		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18911</b> Amount of Each Disbursement this Period [ ] 300.00	
City Miami Beach	State FL	Zip Code 33141	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

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

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

[ ] 700.00
[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. De-Jesus, Jasmile A, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 830 Bruce Street Apt. 23		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18916</b> Amount of Each Disbursement this Period [ ] 200.00	
City Miami Beach	State FL	Zip Code 33141	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. De-Jesus, Jasmile A, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 830 Bruce Street Apt. 23		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18917</b> Amount of Each Disbursement this Period [ ] 200.00	
City Miami Beach	State FL	Zip Code 33141	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. De-Jesus, Jasmile A, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 830 Bruce Street Apt. 23		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18918</b> Amount of Each Disbursement this Period [ ] 200.00	
City Miami Beach	State FL	Zip Code 33141	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Diani, Djenebou S, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2020
Mailing Address 7390 WIEN HALL 70 Morningside Drive		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.18920</b> Amount of Each Disbursement this Period 250.00
City New York	State NY	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Diani, Djenebou S, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2020
Mailing Address 7390 WIEN HALL 70 Morningside Drive		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.18921</b> Amount of Each Disbursement this Period 250.00
City New York	State NY	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dieden, Marena J, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020
Mailing Address 2211 Beverly Glen Place		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.18922</b> Amount of Each Disbursement this Period 200.00
City Los Angeles	State CA	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Dieden, Marena J, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 2211 Beverly Glen Place		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18923</b> Amount of Each Disbursement this Period [ ] 200.00
City Los Angeles	State CA	Zip Code 90077
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Dieden, Marena J, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020
Mailing Address 2211 Beverly Glen Place		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18924</b> Amount of Each Disbursement this Period [ ] 200.00
City Los Angeles	State CA	Zip Code 90077
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Dieden, Marena J, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020
Mailing Address 2211 Beverly Glen Place		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18925</b> Amount of Each Disbursement this Period [ ] 200.00
City Los Angeles	State CA	Zip Code 90077
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Dominguez, Alejandro J, , ,**

Mailing Address 7932 S Peppertree Dr

City  
Gilbert

State  
AZ

Zip Code  
85298

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	9			1	8			2	0	2	0		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.18929**  
 Amount of Each Disbursement this Period  
 [ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dominguez, Alejandro J, , ,**

Mailing Address 7932 S Peppertree Dr

City  
Gilbert

State  
AZ

Zip Code  
85298

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	9			3	0			2	0	2	0		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.18930**  
 Amount of Each Disbursement this Period  
 [ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Donovan, Hope S, , ,**

Mailing Address 1033 Swinks Mill Road

City  
McLean

State  
VA

Zip Code  
22102

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	7			0	6			2	0	2	0		

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.18931**  
 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)..... ▶

6	0	0	.	0	0
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6	0	0	.	0	0
---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Donovan, Hope S, , ,**

Mailing Address 1033 Swinks Mill Road

City McLean State VA Zip Code 22102

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 15 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.18932  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Donovan, Hope S, , ,**

Mailing Address 1033 Swinks Mill Road

City McLean State VA Zip Code 22102

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 06 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.18933  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dummett, Maya N, , ,**

Mailing Address 16 Pepperidge Road

City Morristown State NJ Zip Code 07960

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 06 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.18934  
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)..... ▶

600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Dummett, Maya N, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 16 Pepperidge Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18935</b> Amount of Each Disbursement this Period [ ] 200.00	
City Morristown	State NJ	Zip Code 07960	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Dummett, Maya N, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 16 Pepperidge Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18936</b> Amount of Each Disbursement this Period [ ] 200.00	
City Morristown	State NJ	Zip Code 07960	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Dummett, Maya N, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 16 Pepperidge Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18937</b> Amount of Each Disbursement this Period [ ] 200.00	
City Morristown	State NJ	Zip Code 07960	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Dummett, Maya N, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 16 Pepperidge Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18938</b> Amount of Each Disbursement this Period [ ] 200.00	
City Morristown	State NJ	Zip Code 07960	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Dummett, Maya N, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 16 Pepperidge Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18939</b> Amount of Each Disbursement this Period [ ] 200.00	
City Morristown	State NJ	Zip Code 07960	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Dummett, Maya N, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 16 Pepperidge Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1894t</b> Amount of Each Disbursement this Period [ ] 200.00	
City Morristown	State NJ	Zip Code 07960	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Dunn, Maren, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3251 Beech St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18942

Amount of Each Disbursement this Period: 250.00

Memo Item

**B. Dunn, Maren, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3251 Beech St. NW

City Washington State DC Zip Code 20015

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18943

Amount of Each Disbursement this Period: 250.00

Memo Item

**C. Dusbalon, Sophia G, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Glowing Star Pl

City Spring State TX Zip Code 77382

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18944

Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 700.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Eisner, Matthew E, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 6715 Loring Court				
City Bethesda	State MD	Zip Code 20817		
Purpose of Disbursement Strategic Consulting		Category/ Type	FEC Identification Number C <b>Transaction ID : SB21B.18949</b> Amount of Each Disbursement this Period 300.00	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Eisner, Matthew E, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 6715 Loring Court				
City Bethesda	State MD	Zip Code 20817		
Purpose of Disbursement Strategic Consulting		Category/ Type	FEC Identification Number C <b>Transaction ID : SB21B.18950</b> Amount of Each Disbursement this Period 200.00	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Eisner, Matthew E, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 6715 Loring Court				
City Bethesda	State MD	Zip Code 20817		
Purpose of Disbursement Strategic Consulting		Category/ Type	FEC Identification Number C <b>Transaction ID : SB21B.18951</b> Amount of Each Disbursement this Period 200.00	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶			700.00	
<b>TOTAL</b> This Period (last page this line number only).....▶				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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) <b>A. Eisner, Matthew E, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 6715 Loring Court		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18952</b> Amount of Each Disbursement this Period [ ] 200.00	
City Bethesda	State MD	Zip Code 20817	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Fashanu, Anjolaoluwa, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 11330c Snow Owl Pl		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18955</b> Amount of Each Disbursement this Period [ ] 200.00	
City Waldorf	State MD	Zip Code 20603	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Fashanu, Anjolaoluwa, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 11330c Snow Owl Pl		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18956</b> Amount of Each Disbursement this Period [ ] 200.00	
City Waldorf	State MD	Zip Code 20603	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Fishkind, Sarah E, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 7056 Garden Walk		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18957</b>	
City Columbia	State MD	Zip Code 21044	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Fishkind, Sarah E, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 7056 Garden Walk		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18958</b>	
City Columbia	State MD	Zip Code 21044	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Fishkind, Sarah E, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 7056 Garden Walk		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18959</b>	
City Columbia	State MD	Zip Code 21044	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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) <b>A. Fishkind, Sarah E, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 7056 Garden Walk		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18960</b> Amount of Each Disbursement this Period [ ] 200.00	
City Columbia	State MD	Zip Code 21044	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>B. Fox, Ainsley R, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 1822 Elizabeth Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18961</b> Amount of Each Disbursement this Period [ ] 200.00	
City Winston Salem	State NC	Zip Code 27103	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]		

Full Name (Last, First, Middle Initial) <b>C. Fox, Ainsley R, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 1822 Elizabeth Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18962</b> Amount of Each Disbursement this Period [ ] 200.00	
City Winston Salem	State NC	Zip Code 27103	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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, Ainsley R, , ,**

Mailing Address 1822 Elizabeth Avenue

City  
Winston Salem

State  
NC

Zip Code  
27103

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : SB21B.18963**

Amount of Each Disbursement this Period

[ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fox, Ainsley R, , ,**

Mailing Address 1822 Elizabeth Avenue

City  
Winston Salem

State  
NC

Zip Code  
27103

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : SB21B.18964**

Amount of Each Disbursement this Period

[ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Fox, Ainsley R, , ,**

Mailing Address 1822 Elizabeth Avenue

City  
Winston Salem

State  
NC

Zip Code  
27103

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : SB21B.18965**

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)..... ▶

[ ] 600.00

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Fox, Ainsley R, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1822 Elizabeth Avenue

City Winston Salem State NC Zip Code 27103

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18966

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Fox, Ainsley R, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1822 Elizabeth Avenue

City Winston Salem State NC Zip Code 27103

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18967

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Gaines, Mayah J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4009 Remington Ct

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18971

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Gaines, Mayah J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4009 Remington Ct

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18972

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Gaines, Mayah J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4009 Remington Ct

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18969

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Gaines, Mayah J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4009 Remington Ct

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18971

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Gaines, Mayah J, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 4009 Remington Ct		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18973</b>	
City Hyattsville	State MD	Zip Code 20782	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Gaines, Mayah J, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 4009 Remington Ct		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18974</b>	
City Hyattsville	State MD	Zip Code 20782	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Gaines, Mayah J, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 4009 Remington Ct		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18975</b>	
City Hyattsville	State MD	Zip Code 20782	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

[ ] 600.00
[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Gandhi, Janani, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 924 Sylvan Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18978</b> Amount of Each Disbursement this Period [ ] 200.00	
City Ann Arbor	State MI	Zip Code 48104	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Gandhi, Janani, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 924 Sylvan Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18979</b> Amount of Each Disbursement this Period [ ] 200.00	
City Ann Arbor	State MI	Zip Code 48104	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Garcia Dusbalon, Sophia, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 30 Glowing Star Pl		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1898t</b> Amount of Each Disbursement this Period [ ] 200.00	
City Spring	State TX	Zip Code 77382	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Garcia Dusbalon, Sophia, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 30 Glowing Star Pl		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18981</b> Amount of Each Disbursement this Period [ ] 200.00	
City Spring	State TX	Zip Code 77382	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Garcia Dusbalon, Sophia, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 30 Glowing Star Pl		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18982</b> Amount of Each Disbursement this Period [ ] 200.00	
City Spring	State TX	Zip Code 77382	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Garcia Dusbalon, Sophia, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 30 Glowing Star Pl		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18748</b> Amount of Each Disbursement this Period [ ] 100.00	
City Spring	State TX	Zip Code 77382	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Garcia Dusbalon, Sophia, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Glowing Star Pl

City Spring State TX Zip Code 77382

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18983

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Garcia Dusbalon, Sophia, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Glowing Star Pl

City Spring State TX Zip Code 77382

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18984

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Geismar, Arielle, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 545 West End Ave Apt. 11C

City New York State NY Zip Code 10024

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18985

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Geismar, Arielle, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 545 West End Ave Apt. 11C		FEC Identification Number C <b>Transaction ID : SB21B.18986</b> Amount of Each Disbursement this Period 200.00
City New York	State NY	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Geismar, Arielle, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020
Mailing Address 545 West End Ave Apt. 11C		FEC Identification Number C <b>Transaction ID : SB21B.18987</b> Amount of Each Disbursement this Period 200.00
City New York	State NY	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Geismar, Arielle, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020
Mailing Address 545 West End Ave Apt. 11C		FEC Identification Number C <b>Transaction ID : SB21B.18988</b> Amount of Each Disbursement this Period 200.00
City New York	State NY	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Goldsmith, Hailie G, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 768 27th Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18989</b>	
City Manhattan Beach	State CA	Zip Code 90266	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Goldsmith, Hailie G, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 768 27th Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18990</b>	
City Manhattan Beach	State CA	Zip Code 90266	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Goldsmith, Hailie G, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 768 27th Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18991</b>	
City Manhattan Beach	State CA	Zip Code 90266	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Goldsmith, Hailie G, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020
Mailing Address 768 27th Street		FEC Identification Number C <b>Transaction ID : SB21B.18992</b> Amount of Each Disbursement this Period 200.00
City Manhattan Beach	State CA	
Purpose of Disbursement Strategic Consulting	Zip Code 90266	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gonzales, Gabriella, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020
Mailing Address 3920 Rochester Ave.		FEC Identification Number C <b>Transaction ID : SB21B.18995</b> Amount of Each Disbursement this Period 200.00
City Farmington	State NM	
Purpose of Disbursement Strategic Consulting	Zip Code 87402	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gonzales, Gabriella, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 3920 Rochester Ave.		FEC Identification Number C <b>Transaction ID : SB21B.18996</b> Amount of Each Disbursement this Period 200.00
City Farmington	State NM	
Purpose of Disbursement Strategic Consulting	Zip Code 87402	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Gonzalez, Marco J, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 22 / 2020		
Mailing Address 3701 California Avenue			FEC Identification Number C [ ] <b>Transaction ID : SB21B.18999</b> Amount of Each Disbursement this Period [ ] 300.00		
City Dickinson	State TX	Zip Code 77539	Category/Type [ ]		
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:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>B. Gonzalez, Marco J, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 09 / 2020		
Mailing Address 3701 California Avenue			FEC Identification Number C [ ] <b>Transaction ID : SB21B.19000</b> Amount of Each Disbursement this Period [ ] 200.00		
City Dickinson	State TX	Zip Code 77539	Category/Type [ ]		
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:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) <b>C. Gonzalez, Marco J, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 18 / 2020		
Mailing Address 3701 California Avenue			FEC Identification Number C [ ] <b>Transaction ID : SB21B.19001</b> Amount of Each Disbursement this Period [ ] 200.00		
City Dickinson	State TX	Zip Code 77539	Category/Type [ ]		
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:	<input type="checkbox"/> Memo Item				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Gonzalez, Marco J, , ,**

Mailing Address 3701 California Avenue

City  
Dickinson

State  
TX

Zip Code  
77539

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.19002**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Grass, Alexander B, , ,**

Mailing Address 4012 Clifton Ave

City  
Cincinnati

State  
OH

Zip Code  
45220

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.19005**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gray, Alice A, , ,**

Mailing Address 2604 Greenlawn Parkway

City  
Austin

State  
TX

Zip Code  
78757

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.19008**

Amount of Each Disbursement this Period

200.00

Memo Item

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

700.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Gray, Alice A, , ,**

Mailing Address 2604 Greenlawn Parkway

City  
Austin

State  
TX

Zip Code  
78757

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	9		3	0		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.19009**  
Amount of Each Disbursement this Period  
[ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Green, Sarah R, , ,**

Mailing Address 815 A Country Club Dr

City  
Libertyville

State  
IL

Zip Code  
60048

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	7		0	6		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.19011**  
Amount of Each Disbursement this Period  
[ ] 400.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Green, Sarah R, , ,**

Mailing Address 815 A Country Club Dr

City  
Libertyville

State  
IL

Zip Code  
60048

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
0	8		0	6		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.19012**  
Amount of Each Disbursement this Period  
[ ] 400.00

Memo Item

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

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

1	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Green, Sarah R, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020
Mailing Address 815 A Country Club Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19013</b> Amount of Each Disbursement this Period [ ] 200.00
City Libertyville	State IL	Zip Code 60048
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Green, Sarah R, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020
Mailing Address 815 A Country Club Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19014</b> Amount of Each Disbursement this Period [ ] 200.00
City Libertyville	State IL	Zip Code 60048
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Green, Sarah R, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020
Mailing Address 815 A Country Club Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19015</b> Amount of Each Disbursement this Period [ ] 200.00
City Libertyville	State IL	Zip Code 60048
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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) <b>A. Green, Sarah R, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 815 A Country Club Dr		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.19016</b> Amount of Each Disbursement this Period 200.00
City Libertyville	State IL	
Purpose of Disbursement Strategic Consulting	Zip Code 60048	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gupta, Priyanka, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020
Mailing Address 305 W 98th St. Apt 2BS		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.19504</b> Amount of Each Disbursement this Period 200.00
City New York	State NY	
Purpose of Disbursement Strategic Consulting	Zip Code 10025	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gupta, Priyanka, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 305 W 98th St. Apt 2BS		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.19505</b> Amount of Each Disbursement this Period 200.00
City New York	State NY	
Purpose of Disbursement Strategic Consulting	Zip Code 10025	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Guthman, Nick, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2020	
Mailing Address 10913 Lindblade St.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18703</b> Amount of Each Disbursement this Period [ ] 4000.00	
City Culver City	State CA	Zip Code 90230	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Guthman, Nick, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2020	
Mailing Address 10913 Lindblade St.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18734</b> Amount of Each Disbursement this Period [ ] 4500.00	
City Culver City	State CA	Zip Code 90230	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Guthman, Nick, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2020	
Mailing Address 10913 Lindblade St.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18758</b> Amount of Each Disbursement this Period [ ] 4000.00	
City Culver City	State CA	Zip Code 90230	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Gutierrez, Giovanni, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4201 Massachusetts Avenue NW #8033C

City Washington State DC Zip Code 20016

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19020

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Halpern, Madison, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 237 North Latches Ln

City Merion Station State PA Zip Code 19066

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19021

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Halpern, Madison, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 237 North Latches Ln

City Merion Station State PA Zip Code 19066

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19022

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Halpern, Madison, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 237 North Latches Ln		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19023</b> Amount of Each Disbursement this Period [ ] 200.00	
City Merion Station	State PA	Zip Code 19066	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Halpern, Madison, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 237 North Latches Ln		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19024</b> Amount of Each Disbursement this Period [ ] 200.00	
City Merion Station	State PA	Zip Code 19066	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Halpern, Madison, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 237 North Latches Ln		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19025</b> Amount of Each Disbursement this Period [ ] 200.00	
City Merion Station	State PA	Zip Code 19066	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Halpern, Madison, , ,**

Mailing Address 237 North Latches Ln

City Merion Station State PA Zip Code 19066

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.19026  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Halpern, Madison, , ,**

Mailing Address 237 North Latches Ln

City Merion Station State PA Zip Code 19066

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.19027  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hardee, Heather, , ,**

Mailing Address 745 Cherry Street

City Winnetka State IL Zip Code 60093

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.1903t  
Amount of Each Disbursement this Period  
300.00

Memo Item

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

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

700.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Harry, Quintin A, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4227C Guifford Dr.

City College Park State MD Zip Code 20740

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19033

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Hart, Lily S, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 13537 Genesee Street

City Alden State NY Zip Code 14004

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19035

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Hart, Lily S, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 13537 Genesee Street

City Alden State NY Zip Code 14004

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19036

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Hart, Lily S, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 13537 Genesee Street

City Alden State NY Zip Code 14004

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19037

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Hart, Lily S, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 13537 Genesee Street

City Alden State NY Zip Code 14004

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19038

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Hart, Sophie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 203 W 112th Street

City New York State NY Zip Code 10026

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19041

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Hart, Sophie, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 203 W 112th Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19042</b>	
City New York	State NY	Zip Code 10026	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hartz, Samuel W, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 4620 Kemp Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19044</b>	
City Portsmouth	State VA	Zip Code 23703	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hartz, Samuel W, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 4620 Kemp Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19047</b>	
City Portsmouth	State VA	Zip Code 23703	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Hayes, Rory L, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5050 N Sheridan Rd.  
APT 1109

City Chicago State IL Zip Code 60640

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19050

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Hayes, Rory L, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5050 N Sheridan Rd.  
APT 1109

City Chicago State IL Zip Code 60640

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19051

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Hermsmeyer, Ashley S, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6300 Union Mill Road

City Clifton State VA Zip Code 20124

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 16 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19053

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 650.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Hermsmeyer, Ashley S, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6300 Union Mill Road

City Clifton State VA Zip Code 20124

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19054

Amount of Each Disbursement this Period: 250.00

Memo Item

**B. Hernandez, Maria, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3992 Norton PI

City Faifax State VA Zip Code 22030

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19057

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Hernandez, Maria, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3992 Norton PI

City Faifax State VA Zip Code 22030

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19058

Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 650.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Hillery, Skyler, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 3485 Hallmark Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19061</b> Amount of Each Disbursement this Period [ ] 200.00	
City Marietta	State GA	Zip Code 30067	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Hillery, Skyler, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 3485 Hallmark Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19062</b> Amount of Each Disbursement this Period [ ] 200.00	
City Marietta	State GA	Zip Code 30067	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Hoard, Kellen, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 14122 102nd Ave NE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19065</b> Amount of Each Disbursement this Period [ ] 200.00	
City Kirkland	State WA	Zip Code 98034	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Hoard, Kellen, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 14122 102nd Ave NE

City Kirkland State WA Zip Code 98034

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19066

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Holguin, Heavin C, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1700 Canyon Oaks Dr

City Little Elm State TX Zip Code 75068

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18762

Amount of Each Disbursement this Period: 250.00

Memo Item

**C. Hu, Jenny, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 11825 Quarterhorse Ct

City Cincinnati State OH Zip Code 45249

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19066

Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 650.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
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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**

**A. Hu, Jenny, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 11825 Quarterhorse Ct

City Cincinnati State OH Zip Code 45249

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19070

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Hurtado, Shania, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4427 Carmel River Lane

City Spring State TX Zip Code 77388

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19071

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Hurtado, Shania, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4427 Carmel River Lane

City Spring State TX Zip Code 77388

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19072

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Hurtado, Shania, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 4427 Carmel River Lane		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19073</b> Amount of Each Disbursement this Period [ ] 200.00	
City Spring	State TX	Zip Code 77388	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hurtado, Shania, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 4427 Carmel River Lane		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19074</b> Amount of Each Disbursement this Period [ ] 200.00	
City Spring	State TX	Zip Code 77388	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hussain, Nayha, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 63 Wood Hollow Cir		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19077</b> Amount of Each Disbursement this Period [ ] 200.00	
City Greer	State SC	Zip Code 29650	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Hussain, Nayha, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 63 Wood Hollow Cir		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19078</b> Amount of Each Disbursement this Period [ ] 200.00	
City Greer	State SC	Zip Code 29650	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Jagadeesh, Prerna, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 1030 Lincolnshire Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19079</b> Amount of Each Disbursement this Period [ ] 200.00	
City North Attleborough	State MA	Zip Code 02760	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Jagadeesh, Prerna, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 1030 Lincolnshire Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19080</b> Amount of Each Disbursement this Period [ ] 200.00	
City North Attleborough	State MA	Zip Code 02760	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Jagadeesh, Prerna, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 1030 Lincolnshire Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19081</b> Amount of Each Disbursement this Period [ ] 200.00	
City North Attleborough	State MA	Zip Code 02760	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Jagadeesh, Prerna, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 1030 Lincolnshire Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19082</b> Amount of Each Disbursement this Period [ ] 200.00	
City North Attleborough	State MA	Zip Code 02760	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Jeske, Samuel, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 2 Clubway Lane		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19083</b> Amount of Each Disbursement this Period [ ] 300.00	
City Hartsdale	State NY	Zip Code 10530	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Joerg, Robert, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2227 S. State Apt. 210

City Ann Arbor State MI Zip Code 48104

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.18723**

Amount of Each Disbursement this Period: 1250.00

Memo Item

**B. Joerg, Robert, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2227 S. State Apt. 210

City Ann Arbor State MI Zip Code 48104

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.18746**

Amount of Each Disbursement this Period: 1250.00

Memo Item

**C. Joerg, Robert J, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 337 County Road #108

City Fremont State OH Zip Code 43420

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C

Transaction ID : **SB21B.19087**

Amount of Each Disbursement this Period: 1250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3750.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Johnson-Fraidin, Maya, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5307 Waneta Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19090

Amount of Each Disbursement this Period: 300.00

Memo Item

**B. Jordan Jr, Laten V, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 8238 Kathleen Circle

City Reynoldsburg State OH Zip Code 43068

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19093

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Jordan Jr, Laten V, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 8238 Kathleen Circle

City Reynoldsburg State OH Zip Code 43068

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19094

Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 700.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Kacholia, Suhan, , ,**

Mailing Address 3656 E Sagittarius Place

City  
Chandler

State  
AZ

Zip Code  
85249

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19097**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kacholia, Suhan, , ,**

Mailing Address 3656 E Sagittarius Place

City  
Chandler

State  
AZ

Zip Code  
85249

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19098**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kagoo, Isabell, , ,**

Mailing Address 9190 Forest Island Dr N

City  
Collierville

State  
TN

Zip Code  
38017

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19101**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Kahn, Louie, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 4248 West King Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19102</b>	
City Burbank	State CA	Zip Code 91505	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Kahn, Louie, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 4248 West King Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19103</b>	
City Burbank	State CA	Zip Code 91505	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Kahn, Louie, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 4248 West King Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19104</b>	
City Burbank	State CA	Zip Code 91505	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Kahn, Louie, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 4248 West King Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19105</b> Amount of Each Disbursement this Period [ ] 200.00	
City Burbank	State CA	Zip Code 91505	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Kalra, Mansi, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 63 Keepsake Irvine		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19108</b> Amount of Each Disbursement this Period [ ] 300.00	
City Irvine	State CA	Zip Code 92618	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Kasoff, Katherine E, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 105 Deertrack Ln		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19111</b> Amount of Each Disbursement this Period [ ] 300.00	
City Irvington	State NY	Zip Code 10533	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Keilly, Anna, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 320 Chandlers Way		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19112</b> Amount of Each Disbursement this Period [ ] 200.00	
City Lititz	State PA	Zip Code 17543	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Keilly, Anna, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 320 Chandlers Way		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19113</b> Amount of Each Disbursement this Period [ ] 200.00	
City Lititz	State PA	Zip Code 17543	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Kellum, Madison E, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 8330 Truxton avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19114</b> Amount of Each Disbursement this Period [ ] 200.00	
City Los Angeles	State CA	Zip Code 90045	Category/ Type [ ]
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:	<input type="checkbox"/> 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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Kellum, Madison E, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 8330 Truxton avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19115</b> Amount of Each Disbursement this Period [ ] 200.00	
City Los Angeles	State CA	Zip Code 90045	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Kellum, Madison E, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 8330 Truxton avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19116</b> Amount of Each Disbursement this Period [ ] 200.00	
City Los Angeles	State CA	Zip Code 90045	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Kellum, Madison E, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 8330 Truxton avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19117</b> Amount of Each Disbursement this Period [ ] 200.00	
City Los Angeles	State CA	Zip Code 90045	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Kellum, Madison E, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 8330 Truxton avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19118</b> Amount of Each Disbursement this Period [ ] 200.00	
City Los Angeles	State CA	Zip Code 90045	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Kellum, Madison E, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 8330 Truxton avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19119</b> Amount of Each Disbursement this Period [ ] 200.00	
City Los Angeles	State CA	Zip Code 90045	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Kellum, Madison E, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 8330 Truxton avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1912t</b> Amount of Each Disbursement this Period [ ] 200.00	
City Los Angeles	State CA	Zip Code 90045	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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) <b>A. Khan, Nirvana, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 2086 Gillen Ln		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19123</b> Amount of Each Disbursement this Period [ ] 200.00	
City Falls Church	State VA	Zip Code 22043	Category/Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Khan, Nirvana, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 2086 Gillen Ln		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19124</b> Amount of Each Disbursement this Period [ ] 200.00	
City Falls Church	State VA	Zip Code 22043	Category/Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Kimani, William, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 137A Williams St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19127</b> Amount of Each Disbursement this Period [ ] 200.00	
City Taunton	State MA	Zip Code 02780	Category/Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Kimani, William, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 137A Williams St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19128</b> Amount of Each Disbursement this Period [ ] 200.00	
City Taunton	State MA	Zip Code 02780	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Kleine, Aleksia A, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2020	
Mailing Address 103 Oak Harbor Lane		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19130</b> Amount of Each Disbursement this Period [ ] 250.00	
City Cary	State NC	Zip Code 27519	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Kouassi, Lisa A, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 1710 Rutland Pass Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19133</b> Amount of Each Disbursement this Period [ ] 200.00	
City Lawrenceville	State GA	Zip Code 30045	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

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

[ ] 650.00

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

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Kouassi, Lisa A, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 1710 Rutland Pass Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19134</b> Amount of Each Disbursement this Period [ ] 200.00
City Lawrenceville	State GA	Zip Code 30045
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Lee, Allison H, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020
Mailing Address 1501 Robert E Lee Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19137</b> Amount of Each Disbursement this Period [ ] 200.00
City New Orleans	State LA	Zip Code 70122
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Lee, Allison H, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 1501 Robert E Lee Blvd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19138</b> Amount of Each Disbursement this Period [ ] 200.00
City New Orleans	State LA	Zip Code 70122
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Lee, Chance, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 4430 NW 13th Ct		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19139</b> Amount of Each Disbursement this Period [ ] 200.00	
City Lauderhill	State FL	Zip Code 33313	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Lee, Chance, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 4430 NW 13th Ct		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19140</b> Amount of Each Disbursement this Period [ ] 200.00	
City Lauderhill	State FL	Zip Code 33313	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Lee, Scott, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 389 S. Burnside Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19143</b> Amount of Each Disbursement this Period [ ] 300.00	
City Los Angeles	State CA	Zip Code 90036	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Lee, Scott, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 389 S. Burnside Ave

City Los Angeles State CA Zip Code 90036

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19144

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Lee, Scott, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 389 S. Burnside Ave

City Los Angeles State CA Zip Code 90036

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19145

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Lee, Scott, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 389 S. Burnside Ave

City Los Angeles State CA Zip Code 90036

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19146

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Lema Rodriguez, Stefany K, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 210 33rd Street

City Brooklyn State NY Zip Code 11232

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19147

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Lema Rodriguez, Stefany K, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 210 33rd Street

City Brooklyn State NY Zip Code 11232

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19148

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Lewine, Noah, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 599 10th Street

City Brooklyn State NY Zip Code 11215

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19149

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Lewine, Noah, , ,**

Mailing Address 599 10th Street

City  
Brooklyn

State  
NY

Zip Code  
11215

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19150**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lewine, Noah, , ,**

Mailing Address 599 10th Street

City  
Brooklyn

State  
NY

Zip Code  
11215

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19151**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lewine, Noah, , ,**

Mailing Address 599 10th Street

City  
Brooklyn

State  
NY

Zip Code  
11215

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19152**  
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Lewine, Noah, , ,**

Mailing Address 599 10th Street

City  
Brooklyn

State  
NY

Zip Code  
11215

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19153**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lin-David, Sophia H, , ,**

Mailing Address 54 Florence Ave

City  
Smithtown

State  
NY

Zip Code  
11787

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19156**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lofton, Lauren E, , ,**

Mailing Address 6641 Lincoln Drive

City  
Philadelphia

State  
PA

Zip Code  
19119

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19157**  
Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Lofton, Lauren E, , ,**

Mailing Address 6641 Lincoln Drive

City  
Philadelphia

State  
PA

Zip Code  
19119

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.19158**  
 Amount of Each Disbursement this Period  
 [ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lofton, Lauren E, , ,**

Mailing Address 6641 Lincoln Drive

City  
Philadelphia

State  
PA

Zip Code  
19119

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.19159**  
 Amount of Each Disbursement this Period  
 [ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lofton, Lauren E, , ,**

Mailing Address 6641 Lincoln Drive

City  
Philadelphia

State  
PA

Zip Code  
19119

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.1916t**  
 Amount of Each Disbursement this Period  
 [ ] 200.00

Memo Item

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

[ ]	600.00
-----	--------

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

[ ]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Loree, Michelle M, , ,**

Mailing Address 7 Bayview Terrace

City  
Manhasset

State  
NY

Zip Code  
11030

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.19163**  
 Amount of Each Disbursement this Period  
 [ ] 300.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Luna, Itzel, , ,**

Mailing Address 13080 Dronfield Ave  
Unit 1

City  
Sylmar

State  
CA

Zip Code  
91342

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.19166**  
 Amount of Each Disbursement this Period  
 [ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Luna, Itzel, , ,**

Mailing Address 13080 Dronfield Ave  
Unit 1

City  
Sylmar

State  
CA

Zip Code  
91342

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.19167**  
 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)..... ▶

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
						7	0	0	0

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Mahmud, Zarrin, , ,**

Mailing Address 79-36 258th St.

City  
Glen Oaks

State  
NY

Zip Code  
11004

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	0

FEC Identification Number

**C**

**Transaction ID : SB21B.19168**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mahmud, Zarrin, , ,**

Mailing Address 79-36 258th St.

City  
Glen Oaks

State  
NY

Zip Code  
11004

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	0

FEC Identification Number

**C**

**Transaction ID : SB21B.19169**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mahmud, Zarrin, , ,**

Mailing Address 79-36 258th St.

City  
Glen Oaks

State  
NY

Zip Code  
11004

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	2	0

FEC Identification Number

**C**

**Transaction ID : SB21B.19171**

Amount of Each Disbursement this Period

200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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**

**A. Mahmud, Zarrin, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 79-36 258th St.

City Glen Oaks State NY Zip Code 11004

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19171

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Mahmud, Zarrin, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 79-36 258th St.

City Glen Oaks State NY Zip Code 11004

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19172

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Mahmud, Zarrin, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 79-36 258th St.

City Glen Oaks State NY Zip Code 11004

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19173

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Mahmud, Zarrin, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 79-36 258th St.

City Glen Oaks State NY Zip Code 11004

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19174

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Maingi, Joan, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4403 Silverbrook LN

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19177

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Maingi, Joan, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4403 Silverbrook LN

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19178

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Mallick, Pratyush, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2020	
Mailing Address 2316 Cup Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19180</b> Amount of Each Disbursement this Period [ ] 250.00	
City Plano	State TX	Zip Code 75074	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Mallick, Pratyush, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2020	
Mailing Address 2316 Cup Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19181</b> Amount of Each Disbursement this Period [ ] 250.00	
City Plano	State TX	Zip Code 75074	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Martino, Rhett M, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 1433 Indian Valley Road #A		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19184</b> Amount of Each Disbursement this Period [ ] 300.00	
City Novato	State CA	Zip Code 94947	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Martino, Rhett M, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020
Mailing Address 1433 Indian Valley Road #A		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19185</b> Amount of Each Disbursement this Period [ ] 200.00
City Novato	State CA	Zip Code 94947
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Martino, Rhett M, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020
Mailing Address 1433 Indian Valley Road #A		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19186</b> Amount of Each Disbursement this Period [ ] 200.00
City Novato	State CA	Zip Code 94947
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Martino, Rhett M, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 1433 Indian Valley Road #A		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19187</b> Amount of Each Disbursement this Period [ ] 200.00
City Novato	State CA	Zip Code 94947
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Masseur, Alexa E, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 45 East 82nd Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19190</b> Amount of Each Disbursement this Period [ ] 300.00	
City New York City	State NY	Zip Code 10028	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Masseur, Alexa E, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 45 East 82nd Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19191</b> Amount of Each Disbursement this Period [ ] 150.00	
City New York City	State NY	Zip Code 10028	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Massimi, Natalie, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 601 W 138th St. 4D		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19192</b> Amount of Each Disbursement this Period [ ] 200.00	
City New York	State NY	Zip Code 10031	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Massimi, Natalie, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 601 W 138th St. 4D		FEC Identification Number C <b>Transaction ID : SB21B.19193</b> Amount of Each Disbursement this Period 200.00
City New York	State NY	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Massimi, Natalie, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020
Mailing Address 601 W 138th St. 4D		FEC Identification Number C <b>Transaction ID : SB21B.19194</b> Amount of Each Disbursement this Period 200.00
City New York	State NY	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Massimi, Natalie, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020
Mailing Address 601 W 138th St. 4D		FEC Identification Number C <b>Transaction ID : SB21B.19195</b> Amount of Each Disbursement this Period 200.00
City New York	State NY	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Massimi, Natalie, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 601 W 138th St. 4D		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19196</b> Amount of Each Disbursement this Period [ ] 200.00	
City New York	State NY	Zip Code 10031	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Massimi, Natalie, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 601 W 138th St. 4D		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19197</b> Amount of Each Disbursement this Period [ ] 200.00	
City New York	State NY	Zip Code 10031	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Massimi, Natalie, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 601 W 138th St. 4D		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19198</b> Amount of Each Disbursement this Period [ ] 200.00	
City New York	State NY	Zip Code 10031	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

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

[ ] 600.00

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

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Menon, Varsha, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5617 Yeary Rd

City Plano State TX Zip Code 75093

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19199

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Menon, Varsha, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5617 Yeary Rd

City Plano State TX Zip Code 75093

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19200

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Menon, Varsha, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5617 Yeary Rd

City Plano State TX Zip Code 75093

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19201

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Menon, Varsha, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5617 Yeary Rd

City Plano State TX Zip Code 75093

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19202

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Menon, Varsha, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 5617 Yeary Rd

City Plano State TX Zip Code 75093

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19203

Amount of Each Disbursement this Period: 150.00

Memo Item

**C. Mervosh, Anna G, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 125 Ellison Street

City Suffield State CT Zip Code 06078

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19205

Amount of Each Disbursement this Period: 250.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Mervosh, Anna G, , ,</b>			Date of Disbursement MM / DD / YYYY 09 / 29 / 2020	
Mailing Address 125 Ellison Street				
City Suffield	State CT	Zip Code 06078	FEC Identification Number C [ ] <b>Transaction ID : SB21B.19206</b> Amount of Each Disbursement this Period [ ] 250.00	
Purpose of Disbursement Strategic Consulting			Category/Type [ ]	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Michael, Hannah, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 3810 Canton Dr				
City Pearland	State TX	Zip Code 77584	FEC Identification Number C [ ] <b>Transaction ID : SB21B.19207</b> Amount of Each Disbursement this Period [ ] 200.00	
Purpose of Disbursement Strategic Consulting			Category/Type [ ]	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Michael, Hannah, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 3810 Canton Dr				
City Pearland	State TX	Zip Code 77584	FEC Identification Number C [ ] <b>Transaction ID : SB21B.19208</b> Amount of Each Disbursement this Period [ ] 200.00	
Purpose of Disbursement Strategic Consulting			Category/Type [ ]	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Michael, Hannah, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 3810 Canton Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19209</b>	
City Pearland	State TX	Zip Code 77584	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Michael, Hannah, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 3810 Canton Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19210</b>	
City Pearland	State TX	Zip Code 77584	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Michael, Hannah, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2020	
Mailing Address 3810 Canton Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18744</b>	
City Pearland	State TX	Zip Code 77584	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Michael, Hannah, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 3810 Canton Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19211</b> Amount of Each Disbursement this Period [ ] 200.00	
City Pearland	State TX	Zip Code 77584	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Michael, Hannah, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 3810 Canton Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19212</b> Amount of Each Disbursement this Period [ ] 200.00	
City Pearland	State TX	Zip Code 77584	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Miller, Abigail J, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 2949 Headwater Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19214</b> Amount of Each Disbursement this Period [ ] 200.00	
City Fort Collins	State CO	Zip Code 80521	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Miller, Abigail J, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 2949 Headwater Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19215</b> Amount of Each Disbursement this Period [ ] 200.00	
City Fort Collins	State CO	Zip Code 80521	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Miller, Abigail J, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 2949 Headwater Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19216</b> Amount of Each Disbursement this Period [ ] 200.00	
City Fort Collins	State CO	Zip Code 80521	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Miller, Aubrie, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2020	
Mailing Address 2578 S 75 E		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19218</b> Amount of Each Disbursement this Period [ ] 250.00	
City Clearfield	State UT	Zip Code 84015	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Miller, Aubrie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2578 S 75 E

City Clearfield State UT Zip Code 84015

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19219

Amount of Each Disbursement this Period: 250.00

Memo Item

**B. Moyao-Ramirez, Arli, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 333 East 138th Street Apt#2E

City Bronx State NY Zip Code 10454

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19220

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Moyao-Ramirez, Arli, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 333 East 138th Street Apt#2E

City Bronx State NY Zip Code 10454

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19221

Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 650.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Mullapudi, Akhila, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 37013 Aspen Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19222</b> Amount of Each Disbursement this Period [ ] 200.00	
City Farmington Hills	State MI	Zip Code 48335	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Mullapudi, Akhila, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 37013 Aspen Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19223</b> Amount of Each Disbursement this Period [ ] 200.00	
City Farmington Hills	State MI	Zip Code 48335	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Mullapudi, Akhila, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 37013 Aspen Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19224</b> Amount of Each Disbursement this Period [ ] 200.00	
City Farmington Hills	State MI	Zip Code 48335	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Mullapudi, Akhila, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 37013 Aspen Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.19225</b> Amount of Each Disbursement this Period [REDACTED] 200.00	
City Farmington Hills	State MI	Zip Code 48335	Category/Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Munson, Brennan, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2020	
Mailing Address 20515 TX-249 S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.18681</b> Amount of Each Disbursement this Period [REDACTED] 100.00	
City Houston	State TX	Zip Code 77070	Category/Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Muraleetharan, Veena, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 313 Baker Street		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.19228</b> Amount of Each Disbursement this Period [REDACTED] 300.00	
City Norman	State OK	Zip Code 73072	Category/Type [REDACTED]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Murray, Grace, , ,**

Mailing Address 5736 Washburn Avenue South

City Minneapolis State MN Zip Code 55410

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.19231  
Amount of Each Disbursement this Period  
300.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Muthusamy, Tejas A, , ,**

Mailing Address 11601 Norwich Parkway

City Glen Allen State VA Zip Code 23059

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.19232  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Muthusamy, Tejas A, , ,**

Mailing Address 11601 Norwich Parkway

City Glen Allen State VA Zip Code 23059

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.19233  
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)..... ▶

700.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Muthusamy, Tejas A, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 11601 Norwich Parkway		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19234</b>	
City Glen Allen	State VA	Zip Code 23059	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Muthusamy, Tejas A, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 11601 Norwich Parkway		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19235</b>	
City Glen Allen	State VA	Zip Code 23059	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Narayanan, Aaditi, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 23 Wildwood Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19236</b>	
City Sherborn	State MA	Zip Code 01770	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Narayanan, Aaditi, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 23 Wildwood Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19237</b> Amount of Each Disbursement this Period [ ] 200.00	
City Sherborn	State MA	Zip Code 01770	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Narayanan, Aaditi, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 23 Wildwood Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19238</b> Amount of Each Disbursement this Period [ ] 200.00	
City Sherborn	State MA	Zip Code 01770	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Narayanan, Aaditi, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 23 Wildwood Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19239</b> Amount of Each Disbursement this Period [ ] 200.00	
City Sherborn	State MA	Zip Code 01770	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Narayanan, Aaditi, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 23 Wildwood Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19240</b> Amount of Each Disbursement this Period [ ] 200.00	
City Sherborn	State MA	Zip Code 01770	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Narayanan, Aaditi, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 23 Wildwood Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19241</b> Amount of Each Disbursement this Period [ ] 200.00	
City Sherborn	State MA	Zip Code 01770	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Narayanan, Aaditi, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 23 Wildwood Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19242</b> Amount of Each Disbursement this Period [ ] 200.00	
City Sherborn	State MA	Zip Code 01770	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Nevett, Michael A, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6102 Neilwood Drive

City Rockville State MD Zip Code 20852

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19246

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Nevett, Michael A, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6102 Neilwood Drive

City Rockville State MD Zip Code 20852

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19247

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Nevett, Michael A, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6102 Neilwood Drive

City Rockville State MD Zip Code 20852

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19244

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Nevett, Michael A, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 6102 Neilwood Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19245</b> Amount of Each Disbursement this Period [ ] 200.00	
City Rockville	State MD	Zip Code 20852	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Nibert, Mariah C, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 7530 Hillside Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19250</b> Amount of Each Disbursement this Period [ ] 300.00	
City Pleasanton	State CA	Zip Code 94588	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Nibert, Mariah C, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 7530 Hillside Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19251</b> Amount of Each Disbursement this Period [ ] 200.00	
City Pleasanton	State CA	Zip Code 94588	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Nibert, Mariah C, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 7530 Hillside Drive

City Pleasanton State CA Zip Code 94588

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19252

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Nibert, Mariah C, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 7530 Hillside Drive

City Pleasanton State CA Zip Code 94588

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19253

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. O'Neill, Parker A, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 750 Warfieldsburg Rd

City Westminster State MD Zip Code 21157

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19254

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Paapanen, Celeste K, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 432 Summer Creek Lane		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.19259</b>	
City San Ramon	State CA	Zip Code 94583	Amount of Each Disbursement this Period [REDACTED] 300.00
Purpose of Disbursement Strategic Consulting		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Participant Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2020	
Mailing Address 8425 Nassau Point Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.18704</b>	
City Cutchogue	State NY	Zip Code 11935	Amount of Each Disbursement this Period [REDACTED] 1000.00
Purpose of Disbursement Digital Consulting		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Participant Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2020	
Mailing Address 8425 Nassau Point Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.18741</b>	
City Cutchogue	State NY	Zip Code 11935	Amount of Each Disbursement this Period [REDACTED] 1000.00
Purpose of Disbursement Digital Consulting		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Paspalis, Matthew P, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 130 Sycamore St.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19262</b> Amount of Each Disbursement this Period [ ] 200.00	
City Santa Cruz	State CA	Zip Code 95060	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Paspalis, Matthew P, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 130 Sycamore St.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19263</b> Amount of Each Disbursement this Period [ ] 200.00	
City Santa Cruz	State CA	Zip Code 95060	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Patkar, Neha J, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 1340 Vancouver Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19266</b> Amount of Each Disbursement this Period [ ] 200.00	
City Burlingame	State CA	Zip Code 94010	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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 1340 Vancouver Avenue

City Burlingame State CA Zip Code 94010

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.19267  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Patterson, Rachael, , ,**

Mailing Address 6814 N. Lakewood Ave Apt 1A

City Chicago State IL Zip Code 60626

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.19268  
Amount of Each Disbursement this Period  
200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Patterson, Rachael, , ,**

Mailing Address 6814 N. Lakewood Ave Apt 1A

City Chicago State IL Zip Code 60626

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2020

FEC Identification Number

C  
Transaction ID : SB21B.19265  
Amount of Each Disbursement this Period  
300.00

Memo Item

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

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

700.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Patterson, Rachael, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020
Mailing Address 6814 N. Lakewood Ave Apt 1A		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.19270</b> Amount of Each Disbursement this Period 200.00
City Chicago	State IL	
Purpose of Disbursement Strategic Consulting	Zip Code 60626	Memo Item <input type="checkbox"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patterson, Rachael, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020
Mailing Address 6814 N. Lakewood Ave Apt 1A		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.19271</b> Amount of Each Disbursement this Period 200.00
City Chicago	State IL	
Purpose of Disbursement Strategic Consulting	Zip Code 60626	Memo Item <input type="checkbox"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Patterson, Rachael, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 6814 N. Lakewood Ave Apt 1A		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.19272</b> Amount of Each Disbursement this Period 200.00
City Chicago	State IL	
Purpose of Disbursement Strategic Consulting	Zip Code 60626	Memo Item <input type="checkbox"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Penson, Ryan Z, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 180 Tallowood Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19275</b> Amount of Each Disbursement this Period [ ] 200.00	
City Clifton Park	State NY	Zip Code 12065	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Penson, Ryan Z, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 180 Tallowood Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19276</b> Amount of Each Disbursement this Period [ ] 200.00	
City Clifton Park	State NY	Zip Code 12065	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Pierce, Katherine H, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 2414 Mitford Ct		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1875t</b> Amount of Each Disbursement this Period [ ] 100.00	
City Dacula	State GA	Zip Code 30019	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Pierce, Katherine H, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 2414 Mitford Ct		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19279</b>	
City Dacula	State GA	Zip Code 30019	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Pierce, Katherine H, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 2414 Mitford Ct		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19280</b>	
City Dacula	State GA	Zip Code 30019	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Pinchinat, Jasmine E, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 1009 Lindfield Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19283</b>	
City Frederick	State MD	Zip Code 21702	Amount of Each Disbursement this Period [ ] 300.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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) <b>A. Ponce, Karla J, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 14 S Charter St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19286</b> Amount of Each Disbursement this Period [ ] 200.00	
City Madison	State WI	Zip Code 53715	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Ponce, Karla J, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 14 S Charter St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19287</b> Amount of Each Disbursement this Period [ ] 200.00	
City Madison	State WI	Zip Code 53715	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Powell, Rachel L, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2020	
Mailing Address 417 W 120th St Apt 4C		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19288</b> Amount of Each Disbursement this Period [ ] 250.00	
City New York	State NY	Zip Code 10027	Category/ Type [ ]
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) ▼	Memo Item <input type="checkbox"/>	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Powell, Rachel L, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2020
Mailing Address 417 W 120th St Apt 4C		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.19290</b> Amount of Each Disbursement this Period 250.00
City New York	State NY	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pulido, Samantha R, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020
Mailing Address 64 Mitchell Rd Apt O7		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.19291</b> Amount of Each Disbursement this Period 200.00
City Hackettstown	State NJ	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Pulido, Samantha R, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 64 Mitchell Rd Apt O7		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.19292</b> Amount of Each Disbursement this Period 200.00
City Hackettstown	State NJ	
Purpose of Disbursement Strategic Consulting		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Radley, Dylan, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 120 S 41st Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19293</b> Amount of Each Disbursement this Period [ ] 200.00	
City Philadelphia	State PA	Zip Code 19104	Category/Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Radley, Dylan, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 120 S 41st Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19294</b> Amount of Each Disbursement this Period [ ] 200.00	
City Philadelphia	State PA	Zip Code 19104	Category/Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Radley, Dylan, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 120 S 41st Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19295</b> Amount of Each Disbursement this Period [ ] 200.00	
City Philadelphia	State PA	Zip Code 19104	Category/Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Radley, Dylan, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 120 S 41st Street

City Philadelphia State PA Zip Code 19104

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19296

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Rafailova, Bella, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6622 Fleet Street APT 1M

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19299

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Rafailova, Bella, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 6622 Fleet Street APT 1M

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.1930C

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Rai, Leena, , ,**

Mailing Address 11715 Pindell Chase Dr.

City  
Fulton

State  
MD

Zip Code  
20759

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19303**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ramcharitar, Sophia, , ,**

Mailing Address 15 Annapolis Road

City  
Milton

State  
MA

Zip Code  
02186

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19306**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ravala, Bhavana, , ,**

Mailing Address 6100 Grand Meadow Ln

City  
Flower Mound

State  
TX

Zip Code  
75028

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19305**  
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Ravala, Bhavana, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 6100 Grand Meadow Ln		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19310</b> Amount of Each Disbursement this Period [ ] 200.00	
City Flower Mound	State TX	Zip Code 75028	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>B. Ravala, Bhavana, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 6100 Grand Meadow Ln		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19311</b> Amount of Each Disbursement this Period [ ] 200.00	
City Flower Mound	State TX	Zip Code 75028	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>C. Ravala, Bhavana, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 6100 Grand Meadow Ln		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19312</b> Amount of Each Disbursement this Period [ ] 200.00	
City Flower Mound	State TX	Zip Code 75028	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 600.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[ ]	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Reardon, Margaret B, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 49 Grafton Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19313</b> Amount of Each Disbursement this Period [ ] 200.00	
City Milton	State MA	Zip Code 02186	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Reardon, Margaret B, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 49 Grafton Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19314</b> Amount of Each Disbursement this Period [ ] 200.00	
City Milton	State MA	Zip Code 02186	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Reardon, Margaret B, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 49 Grafton Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19315</b> Amount of Each Disbursement this Period [ ] 200.00	
City Milton	State MA	Zip Code 02186	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Reardon, Margaret B, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 49 Grafton Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19316</b> Amount of Each Disbursement this Period [ ] 200.00	
City Milton	State MA	Zip Code 02186	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Reardon, Margaret B, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 49 Grafton Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19317</b> Amount of Each Disbursement this Period [ ] 200.00	
City Milton	State MA	Zip Code 02186	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Reardon, Margaret B, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 49 Grafton Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19318</b> Amount of Each Disbursement this Period [ ] 200.00	
City Milton	State MA	Zip Code 02186	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Reardon, Margaret B, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 49 Grafton Avenue

City Milton State MA Zip Code 02186

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19319

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Reynoso, Maria G, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 12917 Kerrydale Rd

City Woodbridge State VA Zip Code 22193

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19321

Amount of Each Disbursement this Period: 1250.00

Memo Item

**C. Reynoso, Maria G, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 12917 Kerrydale Rd

City Woodbridge State VA Zip Code 22193

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18722

Amount of Each Disbursement this Period: 1250.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Reynoso, Maria G, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 12917 Kerrydale Rd

City Woodbridge State VA Zip Code 22193

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18745

Amount of Each Disbursement this Period: 1250.00

Memo Item

**B. Ricci, Sarah S, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2907 Sycamore Ave.

City Glendale State CA Zip Code 91214

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19324

Amount of Each Disbursement this Period: 300.00

Memo Item

**C. Richard, Kendall, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3735 Drakewood Drive

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19327

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Richard, Kendall, , ,**

Mailing Address 3735 Drakewood Drive

City Cincinnati

State OH

Zip Code 45208

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number

C

Transaction ID : SB21B.19328

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Richardson, Francesca, , ,**

Mailing Address 52 Balls Hill Road

City Concord

State MA

Zip Code 01742

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2020

FEC Identification Number

C

Transaction ID : SB21B.19329

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Richardson, Francesca, , ,**

Mailing Address 52 Balls Hill Road

City Concord

State MA

Zip Code 01742

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2020

FEC Identification Number

C

Transaction ID : SB21B.19330

Amount of Each Disbursement this Period

200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Richardson, Francesca, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 52 Balls Hill Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19331</b> Amount of Each Disbursement this Period [ ] 200.00	
City Concord	State MA	Zip Code 01742	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Richardson, Francesca, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 52 Balls Hill Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19332</b> Amount of Each Disbursement this Period [ ] 200.00	
City Concord	State MA	Zip Code 01742	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Rollerson, Lauren, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 3501 S Woodland Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19333</b> Amount of Each Disbursement this Period [ ] 200.00	
City Radcliff	State KY	Zip Code 40160	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Rollerson, Lauren, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 3501 S Woodland Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19336</b> Amount of Each Disbursement this Period [ ] 200.00	
City Radcliff	State KY	Zip Code 40160	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Rorholm, Eric, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 825 N 22nd St #203		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19337</b> Amount of Each Disbursement this Period [ ] 200.00	
City Milwaukee	State WI	Zip Code 53233	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Rorholm, Eric, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 825 N 22nd St #203		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19338</b> Amount of Each Disbursement this Period [ ] 200.00	
City Milwaukee	State WI	Zip Code 53233	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Rubin, Julia, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 1213 Prospect Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19341</b> Amount of Each Disbursement this Period [ ] 200.00	
City Ann Arbor	State MI	Zip Code 48104	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Rubin, Julia, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 1213 Prospect Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19342</b> Amount of Each Disbursement this Period [ ] 200.00	
City Ann Arbor	State MI	Zip Code 48104	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Ruhl, Ainsley A, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 119 Edgewood Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19343</b> Amount of Each Disbursement this Period [ ] 200.00	
City Madison	State MS	Zip Code 39110	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Ruhl, Ainsley A, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 119 Edgewood Drive

City Madison State MS Zip Code 39110

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19344

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Ruhl, Ainsley A, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 119 Edgewood Drive

City Madison State MS Zip Code 39110

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19345

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Ruhl, Ainsley A, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 119 Edgewood Drive

City Madison State MS Zip Code 39110

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19346

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Sally, Olivia, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 19588 Carlton Ct.

City Castro Valley State CA Zip Code 94546

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19349

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Sally, Olivia, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 19588 Carlton Ct.

City Castro Valley State CA Zip Code 94546

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19350

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC**

Full Name (Last, First, Middle Initial)

Mailing Address 1090 Vermont Ave. NW Suite 750

City Washington State DC Zip Code 20005

Purpose of Disbursement Legal Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18732

Amount of Each Disbursement this Period: 1350.00

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 DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Schaeffler, Andrew R, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 221 West Mosley Street

City Ann Arbor State MI Zip Code 48103

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19351

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Schaeffler, Andrew R, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 221 West Mosley Street

City Ann Arbor State MI Zip Code 48103

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19352

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Schaeffler, Andrew R, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 221 West Mosley Street

City Ann Arbor State MI Zip Code 48103

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19353

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Schaeffler, Andrew R, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 221 West Mosley Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19354</b>	
City Ann Arbor	State MI	Zip Code 48103	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Schaeffler, Andrew R, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 221 West Mosley Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19355</b>	
City Ann Arbor	State MI	Zip Code 48103	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Schaeffler, Andrew R, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 221 West Mosley Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19356</b>	
City Ann Arbor	State MI	Zip Code 48103	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Schaeffler, Andrew R, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 221 West Mosley Street

City Ann Arbor State MI Zip Code 48103

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19357

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Senthilnathan, Jeeva, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 17712 Baxter Dr.

City Parker State CO Zip Code 80134

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19358

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Senthilnathan, Jeeva, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 17712 Baxter Dr.

City Parker State CO Zip Code 80134

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19355

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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**

**A. Senthilnathan, Jeeva, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 17712 Baxter Dr.

City Parker State CO Zip Code 80134

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19360

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Senthilnathan, Jeeva, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 17712 Baxter Dr.

City Parker State CO Zip Code 80134

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19361

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Sethi, Kritika, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 216 Meadow Lake Trail

City Greer State SC Zip Code 29650

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19362

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Sethi, Kritika, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 216 Meadow Lake Trail				
City Greer	State SC	Zip Code 29650	FEC Identification Number C [ ]	
Purpose of Disbursement Strategic Consulting			Transaction ID : <b>SB21B.19363</b>	
Candidate Name			Amount of Each Disbursement this Period [ ] 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Sethi, Kritika, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 216 Meadow Lake Trail				
City Greer	State SC	Zip Code 29650	FEC Identification Number C [ ]	
Purpose of Disbursement Strategic Consulting			Transaction ID : <b>SB21B.19364</b>	
Candidate Name			Amount of Each Disbursement this Period [ ] 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Sethi, Kritika, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 216 Meadow Lake Trail				
City Greer	State SC	Zip Code 29650	FEC Identification Number C [ ]	
Purpose of Disbursement Strategic Consulting			Transaction ID : <b>SB21B.19365</b>	
Candidate Name			Amount of Each Disbursement this Period [ ] 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

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

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

600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Sethi, Kritika, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 216 Meadow Lake Trail

City Greer State SC Zip Code 29650

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19366

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Sethi, Kritika, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 216 Meadow Lake Trail

City Greer State SC Zip Code 29650

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19367

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Sethi, Kritika, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 216 Meadow Lake Trail

City Greer State SC Zip Code 29650

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19368

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Setow, Joanna, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 342 West Squantum St

City Quincy State MA Zip Code 02171

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19369

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Setow, Joanna, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 342 West Squantum St

City Quincy State MA Zip Code 02171

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19370

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Setow, Joanna, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 342 West Squantum St

City Quincy State MA Zip Code 02171

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19371

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Setow, Joanna, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 342 West Squantum St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19372</b>	
City Quincy	State MA	Zip Code 02171	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Setow, Joanna, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 342 West Squantum St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19373</b>	
City Quincy	State MA	Zip Code 02171	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Setow, Joanna, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 342 West Squantum St		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18747</b>	
City Quincy	State MA	Zip Code 02171	Amount of Each Disbursement this Period [ ] 100.00
Purpose of Disbursement Strategic Consulting		Category/Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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. Setow, Joanna, , ,**

Mailing Address 342 West Squantum St

City Quincy

State MA

Zip Code 02171

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2020

FEC Identification Number

C [ ]

Transaction ID : SB21B.19374

Amount of Each Disbursement this Period

[ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Setow, Joanna, , ,**

Mailing Address 342 West Squantum St

City Quincy

State MA

Zip Code 02171

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number

C [ ]

Transaction ID : SB21B.19375

Amount of Each Disbursement this Period

[ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Shahr, Morgan, , ,**

Mailing Address 515 S Poplar St

City Halleton

State PA

Zip Code 18201

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2020

FEC Identification Number

C [ ]

Transaction ID : SB21B.18735

Amount of Each Disbursement this Period

[ ] 5000.00

Memo Item

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

[ ] 5400.00

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

[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Shenkman, Mia, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2814 N Van. Buren St

City Arlington State VA Zip Code 22213

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19378

Amount of Each Disbursement this Period: 300.00

Memo Item

**B. Simpson, Fiona, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3 Crescent Rd

City Cape Elizabeth State ME Zip Code 04107

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19381

Amount of Each Disbursement this Period: 300.00

Memo Item

**C. Sind, Lily M, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 14941 Whitfield Avenue

City Pacific Palisades State CA Zip Code 90272

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19384

Amount of Each Disbursement this Period: 200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 800.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Sind, Lily M, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 14941 Whitfield Avenue

City Pacific Palisades State CA Zip Code 90272

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19385

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Skilton, Andrew I, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9306 Elmhirst Drive

City Bethesda State MD Zip Code 20814

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19386

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Skilton, Andrew I, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9306 Elmhirst Drive

City Bethesda State MD Zip Code 20814

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19387

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Skilton, Andrew I, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9306 Elmhirst Drive

City Bethesda State MD Zip Code 20814

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 06 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19388

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Skilton, Andrew I, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9306 Elmhirst Drive

City Bethesda State MD Zip Code 20814

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19389

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Skilton, Andrew I, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9306 Elmhirst Drive

City Bethesda State MD Zip Code 20814

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 09 / 2020

FEC Identification Number: C

Transaction ID : SB21B.1939c

Amount of Each Disbursement this Period: 200.00

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 DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Skilton, Andrew I, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9306 Elmhirst Drive

City Bethesda State MD Zip Code 20814

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 18 / 2020

FEC Identification Number C

Transaction ID : SB21B.19391

Amount of Each Disbursement this Period 200.00

Memo Item

**B. Skilton, Andrew I, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9306 Elmhirst Drive

City Bethesda State MD Zip Code 20814

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 30 / 2020

FEC Identification Number C

Transaction ID : SB21B.19392

Amount of Each Disbursement this Period 200.00

Memo Item

**C. Son, Jiahn, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 31 Wescott Street

City Old Tappan State NJ Zip Code 07675

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 06 / 2020

FEC Identification Number C

Transaction ID : SB21B.19394

Amount of Each Disbursement this Period 400.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 800.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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) <b>A. Son, Jiahn, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 31 Wescott Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19395</b> Amount of Each Disbursement this Period [ ] 400.00	
City Old Tappan	State NJ	Zip Code 07675	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Son, Jiahn, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 31 Wescott Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19396</b> Amount of Each Disbursement this Period [ ] 200.00	
City Old Tappan	State NJ	Zip Code 07675	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Son, Jiahn, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 31 Wescott Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19397</b> Amount of Each Disbursement this Period [ ] 200.00	
City Old Tappan	State NJ	Zip Code 07675	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Son, Jiahn, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 31 Wescott Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19398</b> Amount of Each Disbursement this Period [ ] 200.00	
City Old Tappan	State NJ	Zip Code 07675	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Son, Jiahn, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 31 Wescott Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19399</b> Amount of Each Disbursement this Period [ ] 200.00	
City Old Tappan	State NJ	Zip Code 07675	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Spector, Jordan S, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2020	
Mailing Address 22 Badger Drive		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19401</b> Amount of Each Disbursement this Period [ ] 250.00	
City Skillman	State NJ	Zip Code 08558	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Spector, Jordan S, , ,**

Mailing Address 22 Badger Drive

City  
Skillman

State  
NJ

Zip Code  
08558

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.19402**  
Amount of Each Disbursement this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Spencer, Eric, , ,**

Mailing Address 404 Ranch View Road

City  
Santa Cruz

State  
CA

Zip Code  
95064

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.19405**  
Amount of Each Disbursement this Period  
300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Spencer, Eric, , ,**

Mailing Address 404 Ranch View Road

City  
Santa Cruz

State  
CA

Zip Code  
95064

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2020

FEC Identification Number

C  
**Transaction ID : SB21B.19406**  
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)..... ▶

750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Spencer, Eric, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 404 Ranch View Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19407</b>	
City Santa Cruz	State CA	Zip Code 95064	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Spencer, Eric, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 404 Ranch View Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19408</b>	
City Santa Cruz	State CA	Zip Code 95064	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Srinivas, Preranaa, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 25 Florence Circle		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19409</b>	
City Upton	State MA	Zip Code 01568	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Srinivas, Preranaa, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 25 Florence Circle		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19410</b> Amount of Each Disbursement this Period [ ] 200.00	
City Upton	State MA	Zip Code 01568	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Srinivas, Preranaa, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 25 Florence Circle		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19411</b> Amount of Each Disbursement this Period [ ] 200.00	
City Upton	State MA	Zip Code 01568	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Srinivas, Preranaa, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 25 Florence Circle		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19412</b> Amount of Each Disbursement this Period [ ] 200.00	
City Upton	State MA	Zip Code 01568	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Srinivas, Preranaa, , ,**

Mailing Address 25 Florence Circle

City  
Upton

State  
MA

Zip Code  
01568

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.19413**  
Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Srinivas, Preranaa, , ,**

Mailing Address 25 Florence Circle

City  
Upton

State  
MA

Zip Code  
01568

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.19414**  
Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Srinivas, Preranaa, , ,**

Mailing Address 25 Florence Circle

City  
Upton

State  
MA

Zip Code  
01568

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.19415**  
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)..... ▶

600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Stahr, Morgan, , ,**

Mailing Address 515 S Poplar St

City  
Hazleton

State  
PA

Zip Code  
18201

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.18768**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stauffer, Anne R, , ,**

Mailing Address 4506 Woodlake Run

City  
Owensboro

State  
KY

Zip Code  
42303

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19418**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stauffer, Anne R, , ,**

Mailing Address 4506 Woodlake Run

City  
Owensboro

State  
KY

Zip Code  
42303

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.19418**  
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Stoneback, Cassidy E, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020
Mailing Address 4500 Connecticut Ave NW APT 606		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19420</b> Amount of Each Disbursement this Period [ ] 200.00
City Washington	State DC	Zip Code 20008
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stoneback, Cassidy E, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 4500 Connecticut Ave NW APT 606		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19421</b> Amount of Each Disbursement this Period [ ] 200.00
City Washington	State DC	Zip Code 20008
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stoneback, Cassidy E, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020
Mailing Address 4500 Connecticut Ave NW APT 606		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19422</b> Amount of Each Disbursement this Period [ ] 200.00
City Washington	State DC	Zip Code 20008
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Stoneback, Cassidy E, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020
Mailing Address 4500 Connecticut Ave NW APT 606		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19423</b> Amount of Each Disbursement this Period [ ] 200.00
City Washington	State DC	Zip Code 20008
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Stoneback, Cassidy E, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020
Mailing Address 4500 Connecticut Ave NW APT 606		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19424</b> Amount of Each Disbursement this Period [ ] 200.00
City Washington	State DC	Zip Code 20008
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Stoneback, Cassidy E, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020
Mailing Address 4500 Connecticut Ave NW APT 606		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19425</b> Amount of Each Disbursement this Period [ ] 200.00
City Washington	State DC	Zip Code 20008
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Stoneback, Cassidy E, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4500 Connecticut Ave NW  
APT 606

City Washington State DC Zip Code 20008

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number: C  
Transaction ID : SB21B.19426  
Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Strong, Cassidy, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9617 White Carriage Drive

City Wake Forest State NC Zip Code 27587

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 15 / 2020

FEC Identification Number: C  
Transaction ID : SB21B.19429  
Amount of Each Disbursement this Period: 400.00

Memo Item

**C. Strong, Cassidy, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9617 White Carriage Drive

City Wake Forest State NC Zip Code 27587

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 22 / 2020

FEC Identification Number: C  
Transaction ID : SB21B.1943t  
Amount of Each Disbursement this Period: 300.00

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 DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Strong, Cassidy, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9617 White Carriage Drive

City Wake Forest State NC Zip Code 27587

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19431

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Summit Campaign Strategies Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 87 Summit Circle

City Shelburne State VT Zip Code 05482

Purpose of Disbursement Email Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 21 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18700

Amount of Each Disbursement this Period: 5500.00

Memo Item

**C. Summit Campaign Strategies Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 87 Summit Circle

City Shelburne State VT Zip Code 05482

Purpose of Disbursement Email Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18724

Amount of Each Disbursement this Period: 5500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11200.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Summit Campaign Strategies Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	0		

Mailing Address 87 Summit Circle

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.18755**  
 Amount of Each Disbursement this Period  
 [ ] 5500.00

City Shelburne State VT Zip Code 05482

Purpose of Disbursement  
Email Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tassone Jr., Derek, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	0		

Mailing Address 1389 Viewtop Dr.

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.19432**  
 Amount of Each Disbursement this Period  
 [ ] 200.00

City Clearwater State FL Zip Code 33764

Purpose of Disbursement  
Strategic Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tassone Jr., Derek, , ,**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	0		

Mailing Address 1389 Viewtop Dr.

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.19433**  
 Amount of Each Disbursement this Period  
 [ ] 200.00

City Clearwater State FL Zip Code 33764

Purpose of Disbursement  
Strategic Consulting

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

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

[ ] 5900.00

[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Tassone Jr., Derek, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 1389 Viewtop Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19434</b> Amount of Each Disbursement this Period [ ] 200.00	
City Clearwater	State FL	Zip Code 33764	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Tassone Jr., Derek, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 1389 Viewtop Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19435</b> Amount of Each Disbursement this Period [ ] 200.00	
City Clearwater	State FL	Zip Code 33764	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Tavacoli, Faria, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 7801 Royal Oaks Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19438</b> Amount of Each Disbursement this Period [ ] 200.00	
City Las vegas	State NV	Zip Code 89123	Category/ Type [ ]
Purpose of Disbursement Strategic Consulting			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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. Tavecchi, Faria, , ,**

Mailing Address 7801 Royal Oaks Road

City  
Las Vegas

State  
NV

Zip Code  
89123

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

**C**

**Transaction ID : SB21B.19439**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Taylor, Henry, , ,**

Mailing Address 1505 Brooklyn Ave

City  
Ann Arbor

State  
MI

Zip Code  
48104

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	0

FEC Identification Number

**C**

**Transaction ID : SB21B.19440**

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Taylor, Henry, , ,**

Mailing Address 1505 Brooklyn Ave

City  
Ann Arbor

State  
MI

Zip Code  
48104

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	0

FEC Identification Number

**C**

**Transaction ID : SB21B.19441**

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)..... ▶

600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Taylor, Henry, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 1505 Brooklyn Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19442</b> Amount of Each Disbursement this Period [ ] 200.00	
City Ann Arbor	State MI	Zip Code 48104	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Taylor, Henry, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 1505 Brooklyn Ave		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19443</b> Amount of Each Disbursement this Period [ ] 200.00	
City Ann Arbor	State MI	Zip Code 48104	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Taylor, Karson L, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 42 Elm Creek Way		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19444</b> Amount of Each Disbursement this Period [ ] 200.00	
City Aurora	State OH	Zip Code 44202	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Taylor, Karson L, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 42 Elm Creek Way		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19445</b> Amount of Each Disbursement this Period [ ] 200.00	
City Aurora	State OH	Zip Code 44202	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Taylor, Karson L, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 42 Elm Creek Way		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19446</b> Amount of Each Disbursement this Period [ ] 200.00	
City Aurora	State OH	Zip Code 44202	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Taylor, Karson L, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 42 Elm Creek Way		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19447</b> Amount of Each Disbursement this Period [ ] 200.00	
City Aurora	State OH	Zip Code 44202	Category/ Type [ ]
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Taylor, Karson L, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 09 / 2020	
Mailing Address 42 Elm Creek Way		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19448</b>	
City Aurora	State OH	Zip Code 44202	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Taylor, Karson L, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 42 Elm Creek Way		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19449</b>	
City Aurora	State OH	Zip Code 44202	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Taylor, Karson L, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 42 Elm Creek Way		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19451</b>	
City Aurora	State OH	Zip Code 44202	Amount of Each Disbursement this Period [ ] 200.00
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Thompson, Camille, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 1743 Misselthrush Lane			
City Mcdonough	State GA	Zip Code 30253	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/ Type	
Candidate Name		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.19451</b> Amount of Each Disbursement this Period 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Thompson, Camille, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 1743 Misselthrush Lane			
City Mcdonough	State GA	Zip Code 30253	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/ Type	
Candidate Name		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.19452</b> Amount of Each Disbursement this Period 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Thompson, Camille, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 1743 Misselthrush Lane			
City Mcdonough	State GA	Zip Code 30253	
Purpose of Disbursement Strategic Consulting		<input type="checkbox"/> Category/ Type	
Candidate Name		FEC Identification Number <b>C</b> <b>Transaction ID : SB21B.19453</b> Amount of Each Disbursement this Period 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Thompson, Camille, , ,**

Mailing Address 1743 Misselthrush Lane

City  
Mcdonough

State  
GA

Zip Code  
30253

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : SB21B.19454**

Amount of Each Disbursement this Period

[ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Thompson, Camille, , ,**

Mailing Address 1743 Misselthrush Lane

City  
Mcdonough

State  
GA

Zip Code  
30253

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : SB21B.19455**

Amount of Each Disbursement this Period

[ ] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Thompson, Camille, , ,**

Mailing Address 1743 Misselthrush Lane

City  
Mcdonough

State  
GA

Zip Code  
30253

Purpose of Disbursement  
Strategic Consulting

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	0

FEC Identification Number

C [ ]

**Transaction ID : SB21B.19456**

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)..... ▶

[ ] 600.00

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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) <b>A. Thompson, Camille, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 1743 Misselthrush Lane		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19457</b>
City Mcdonough	State GA	Zip Code 30253
Purpose of Disbursement Strategic Consulting		Amount of Each Disbursement this Period [ ] 200.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input 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	

Full Name (Last, First, Middle Initial) <b>B. Torres, Mayana N, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 16 / 2020
Mailing Address 127 Maple Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19459</b>
City Brooklyn	State NY	Zip Code 11225
Purpose of Disbursement Strategic Consulting		Amount of Each Disbursement this Period [ ] 250.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input 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	

Full Name (Last, First, Middle Initial) <b>C. Torres, Mayana N, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2020
Mailing Address 127 Maple Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1946t</b>
City Brooklyn	State NY	Zip Code 11225
Purpose of Disbursement Strategic Consulting		Amount of Each Disbursement this Period [ ] 250.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input 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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Touche, Emilie, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 98 Maynard Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19463</b> Amount of Each Disbursement this Period [ ] 200.00	
City Sudbury	State MA	Zip Code 01776	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Touche, Emilie, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 98 Maynard Road		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19464</b> Amount of Each Disbursement this Period [ ] 200.00	
City Sudbury	State MA	Zip Code 01776	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Troupe, Sanaalee, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2020	
Mailing Address 610 Clare Rd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19467</b> Amount of Each Disbursement this Period [ ] 200.00	
City Uniondale	State NY	Zip Code 11553	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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**

**A. Troupe, Sanaalee, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 610 Clare Rd

City Uniondale State NY Zip Code 11553

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19468

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Unfiltered Media LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2663 Manhattan Place #102

City Vienna State VA Zip Code 22180

Purpose of Disbursement Digital Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18673

Amount of Each Disbursement this Period: 1200.00

Memo Item

**C. Unfiltered Media LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2663 Manhattan Place #102

City Vienna State VA Zip Code 22180

Purpose of Disbursement Digital Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 05 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18711

Amount of Each Disbursement this Period: 1400.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2800.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

**A. Vanga, Vineeth, , ,**

Mailing Address 732 Waters Drive

City  
Madison

State  
MS

Zip Code  
39110

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
08		10		2020

FEC Identification Number

**C**

**Transaction ID : SB21B.18718**

Amount of Each Disbursement this Period

37.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Veera, Alisha, , ,**

Mailing Address 432 Abbott Road

City  
Paramus

State  
NJ

Zip Code  
07652

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
09		16		2020

FEC Identification Number

**C**

**Transaction ID : SB21B.19470**

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Veera, Alisha, , ,**

Mailing Address 432 Abbott Road

City  
Paramus

State  
NJ

Zip Code  
07652

Purpose of Disbursement  
Strategic Consulting

Candidate Name

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
09		29		2020

FEC Identification Number

**C**

**Transaction ID : SB21B.19471**

Amount of Each Disbursement this Period

250.00

Memo Item

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

537.50

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Warner, Sierra, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 243 Kings Cove

City Locust Grove State GA Zip Code 30248

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 18 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19474

Amount of Each Disbursement this Period: 200.00

Memo Item

**B. Warner, Sierra, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 243 Kings Cove

City Locust Grove State GA Zip Code 30248

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number: C

Transaction ID : SB21B.19475

Amount of Each Disbursement this Period: 200.00

Memo Item

**C. Warren, Paul, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4103 Devonshire Road

City Plymouth Meeting State PA Zip Code 19462

Purpose of Disbursement Social Media Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 10 / 2020

FEC Identification Number: C

Transaction ID : SB21B.18688

Amount of Each Disbursement this Period: 225.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 625.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

**A. Welch, Katherine, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
07 / 06 / 2020

Mailing Address: 1955 Bells Ferry Road  
Apt 4112

City: Marietta State: GA Zip Code: 30066

Purpose of Disbursement: Strategic Consulting

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.18674**  
Amount of Each Disbursement this Period: \_\_\_\_\_  
250.00

Memo Item

**B. Welch, Katherine, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
07 / 06 / 2020

Mailing Address: 1955 Bells Ferry Road  
Apt 4112

City: Marietta State: GA Zip Code: 30066

Purpose of Disbursement: Strategic Consulting

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.19477**  
Amount of Each Disbursement this Period: \_\_\_\_\_  
200.00

Memo Item

**C. Welch, Katherine, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
07 / 15 / 2020

Mailing Address: 1955 Bells Ferry Road  
Apt 4112

City: Marietta State: GA Zip Code: 30066

Purpose of Disbursement: Strategic Consulting

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_  
Transaction ID : **SB21B.19478**  
Amount of Each Disbursement this Period: \_\_\_\_\_  
200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 650.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Welch, Katherine, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020
Mailing Address 1955 Bells Ferry Road Apt 4112		FEC Identification Number C [ ] <b>Transaction ID : SB21B.18716</b> Amount of Each Disbursement this Period [ ] 250.00
City Marietta	State GA	Zip Code 30066
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Welch, Katherine, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020
Mailing Address 1955 Bells Ferry Road Apt 4112		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19479</b> Amount of Each Disbursement this Period [ ] 200.00
City Marietta	State GA	Zip Code 30066
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Welch, Katherine, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020
Mailing Address 1955 Bells Ferry Road Apt 4112		FEC Identification Number C [ ] <b>Transaction ID : SB21B.1948t</b> Amount of Each Disbursement this Period [ ] 200.00
City Marietta	State GA	Zip Code 30066
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Welch, Katherine, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2020

Mailing Address 1955 Bells Ferry Road  
Apt 4112

City Marietta State GA Zip Code 30066

Purpose of Disbursement  
Strategic Consulting

FEC Identification Number

C
<b>Transaction ID : SB21B.18733</b>
Amount of Each Disbursement this Period
1000.00

Candidate Name

Category/  
Type

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Welch, Katherine, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2020

Mailing Address 1955 Bells Ferry Road  
Apt 4112

City Marietta State GA Zip Code 30066

Purpose of Disbursement  
Strategic Consulting

FEC Identification Number

C
<b>Transaction ID : SB21B.19481</b>
Amount of Each Disbursement this Period
200.00

Candidate Name

Category/  
Type

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Welch, Katherine, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2020

Mailing Address 1955 Bells Ferry Road  
Apt 4112

City Marietta State GA Zip Code 30066

Purpose of Disbursement  
Strategic Consulting

FEC Identification Number

C
<b>Transaction ID : SB21B.19482</b>
Amount of Each Disbursement this Period
200.00

Candidate Name

Category/  
Type

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

Memo Item

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

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

1400.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Welch, Katherine, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020	
Mailing Address 1955 Bells Ferry Road Apt 4112		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19483</b> Amount of Each Disbursement this Period [ ] 200.00	
City Marietta	State GA	Zip Code 30066	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Williams, Timothy, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 317 School Farm Rd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19484</b> Amount of Each Disbursement this Period [ ] 200.00	
City Rabun Gap	State GA	Zip Code 30568	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Williams, Timothy, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 317 School Farm Rd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19485</b> Amount of Each Disbursement this Period [ ] 200.00	
City Rabun Gap	State GA	Zip Code 30568	Category/ Type [ ]
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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) <b>A. Williams, Timothy, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 317 School Farm Rd			FEC Identification Number C [ ] <b>Transaction ID : SB21B.19486</b> Amount of Each Disbursement this Period [ ] 200.00	
City Rabun Gap	State GA	Zip Code 30568	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Williams, Timothy, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 317 School Farm Rd			FEC Identification Number C [ ] <b>Transaction ID : SB21B.19487</b> Amount of Each Disbursement this Period [ ] 200.00	
City Rabun Gap	State GA	Zip Code 30568	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Woods, Onnie L, , ,</b>			Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 5410 Netherland Ave. Apt A33			FEC Identification Number C [ ] <b>Transaction ID : SB21B.19492</b> Amount of Each Disbursement this Period [ ] 300.00	
City Bronx	State NY	Zip Code 10471	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Strategic Consulting		Category/ Type [ ]		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Zaman, Tasnima, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 2501 Tratman Avenue Apt. A23		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19495</b> Amount of Each Disbursement this Period [ ] 200.00	
City Bronx	State NY	Zip Code 10461	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Zaman, Tasnima, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020	
Mailing Address 2501 Tratman Avenue Apt. A23		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19496</b> Amount of Each Disbursement this Period [ ] 200.00	
City Bronx	State NY	Zip Code 10461	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Zaman, Tasnima, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2020	
Mailing Address 2501 Tratman Avenue Apt. A23		FEC Identification Number C [ ] <b>Transaction ID : SB21B.19497</b> Amount of Each Disbursement this Period [ ] 200.00	
City Bronx	State NY	Zip Code 10461	Category/ Type [ ]
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:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Zaman, Tasnima, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2020	
Mailing Address 2501 Tratman Avenue Apt. A23		FEC Identification Number <b>C</b>	
City Bronx	State NY	Zip Code 10461	<b>Transaction ID : SB21B.19498</b>
Purpose of Disbursement Strategic Consulting		Category/ Type	Amount of Each Disbursement this Period 200.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Zilles, Leanna A, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2020	
Mailing Address 193 Harris Bushville Rd.		FEC Identification Number <b>C</b>	
City Monticello	State NY	Zip Code 12701	<b>Transaction ID : SB21B.19501</b>
Purpose of Disbursement Strategic Consulting		Category/ Type	Amount of Each Disbursement this Period 300.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Zoom Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2020	
Mailing Address 55 Almaden Boulevard 6th Floor		FEC Identification Number <b>C</b>	
City San Jose	State CA	Zip Code 95113	<b>Transaction ID : SB21B.18672</b>
Purpose of Disbursement Software		Category/ Type	Amount of Each Disbursement this Period 53.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	553.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Zoom Inc.**

Mailing Address 55 Almaden Boulevard  
6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 03 / 2020

FEC Identification Number

C   
**Transaction ID : SB21B.18706**  
Amount of Each Disbursement this Period  
 53.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Zoom Inc.**

Mailing Address 55 Almaden Boulevard  
6th Floor

City San Jose State CA Zip Code 95113

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 01 / 2020

FEC Identification Number

C   
**Transaction ID : SB21B.18738**  
Amount of Each Disbursement this Period  
 53.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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)..... ▶

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

106.00

183471.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) <b>A. Anderson, Holly, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 6425 W Clarke St.		FEC Identification Number C SOME00111 Transaction ID : SB23.19517 Amount of Each Disbursement this Period 30.00
City Wauwatosa	State WI	Zip Code 53213
Purpose of Disbursement In-kind - Strategic Consulting		Category/ Type
Candidate Name <b>GIDEON, SARA, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District: 00	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Anderson, Holly, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2020
Mailing Address 6425 W Clarke St.		FEC Identification Number C H8PA07200 Transaction ID : SB23.19530 Amount of Each Disbursement this Period 10.00
City Wauwatosa	State WI	Zip Code 53213
Purpose of Disbursement In-kind - Strategic Consulting		Category/ Type
Candidate Name <b>SCANLON, MARY GAY, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 05	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Barrilleaux, Francois, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2020
Mailing Address 3800 Lakeshore Ave		FEC Identification Number C H8PA07200 Transaction ID : SB23.19529 Amount of Each Disbursement this Period 10.00
City Oakland	State CA	Zip Code 94610
Purpose of Disbursement In-kind - Strategic Consulting		Category/ Type
Candidate Name <b>SCANLON, MARY GAY, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 05	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Greenstein, Chloe, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 110 Random Farms Drive		FEC Identification Number C SOME00111 Transaction ID : SB23.19514 Amount of Each Disbursement this Period 20.00
City Chappaqua	State NY	Zip Code 10514
Purpose of Disbursement In-kind - Strategic Consulting		Category/ Type
Candidate Name <b>GIDEON, SARA, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District: 00	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Koussa, Maryann, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 275 W Verdugo Ave		FEC Identification Number C SOME00111 Transaction ID : SB23.19520 Amount of Each Disbursement this Period 150.00
City Burbank	State CA	Zip Code 91502
Purpose of Disbursement In-kind - Strategic Consulting		Category/ Type
Candidate Name <b>GIDEON, SARA, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME District: 00	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Lee, Johannah, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2020
Mailing Address 825 N 22nd St. Apt 203		FEC Identification Number C H8WI05165 Transaction ID : SB23.19521 Amount of Each Disbursement this Period 60.00
City Milwaukee	State WI	Zip Code 53233
Purpose of Disbursement In-kind - Strategic Consulting		Category/ Type
Candidate Name <b>PALZEWICZ, TOM, , ,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 05	<input type="checkbox"/> Memo Item	

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

230.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) <b>A. Rorholm, Eric, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2020
Mailing Address 825 N 22nd St #203		FEC Identification Number C H8WI05165 <b>Transaction ID : SB23.19523</b>
City Milwaukee	State WI	Zip Code 53233
Purpose of Disbursement In-kind - Strategic Consulting		Amount of Each Disbursement this Period 350.00
Candidate Name <b>PALZEWICZ, TOM, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WI	District: 05	

Full Name (Last, First, Middle Initial) <b>B. Salwen, Madeleine, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2020
Mailing Address 2816 Dumbarton st. NW		FEC Identification Number C SOME00111 <b>Transaction ID : SB23.19518</b>
City Washington	State DC	Zip Code 20007
Purpose of Disbursement In-kind - Strategic Consulting		Amount of Each Disbursement this Period 40.00
Candidate Name <b>GIDEON, SARA, , ,</b>		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: ME	District: 00	

Full Name (Last, First, Middle Initial) <b>C. Schlact, Isabella, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2020
Mailing Address 5007 W Longfellow Ave		FEC Identification Number C H8PA07200 <b>Transaction ID : SB23.19527</b>
City Tampa	State FL	Zip Code 33629
Purpose of Disbursement In-kind - Strategic Consulting		Amount of Each Disbursement this Period 10.00
Candidate Name <b>SCANLON, MARY GAY, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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. Zhang, Isabel, , ,**

Mailing Address 7004 Symphony Court

City  
McLean

State  
VA

Zip Code  
22101

Purpose of Disbursement  
In-kind - Strategic Consulting

Candidate Name

**SCANLON, MARY GAY, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	6		2	0	2	0		

FEC Identification Number

**C** H8PA07200

**Transaction ID : SB23.19528**

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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	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

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	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)..... ▶

10.00

790.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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) <b>A. Kaplan, Rosalyn, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2020	
Mailing Address 100 pIEdMONT c		FEC Identification Number C [ ]	
City Delray Beach	State FL	Zip Code 33484	Transaction ID : <b>SB28A.18596</b> Amount of Each Disbursement this Period [ ] 500.00
Purpose of Disbursement Refund		Category/ Type [ ]	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type [ ]	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type [ ]	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input 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**

**A. Amalgamated Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K Street, N.W

City Washington State DC Zip Code 20006

Purpose of Disbursement Bank Charges - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 24 / 2020

FEC Identification Number: C

Transaction ID : SB29.18656

Amount of Each Disbursement this Period: 10.00

Memo Item

**B. Amalgamated Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K Street, N.W

City Washington State DC Zip Code 20006

Purpose of Disbursement Bank Charges - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 28 / 2020

FEC Identification Number: C

Transaction ID : SB29.18661

Amount of Each Disbursement this Period: 10.00

Memo Item

**C. Amalgamated Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K Street, N.W

City Washington State DC Zip Code 20006

Purpose of Disbursement Bank Charges - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 28 / 2020

FEC Identification Number: C

Transaction ID : SB29.18667

Amount of Each Disbursement this Period: 10.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 30.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial)

### A. Civitech

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	2	0		

Mailing Address 1023 Springdale Rd  
13E

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.18654**  
 Amount of Each Disbursement this Period  
 [ ] 500.00

City Austin State TX Zip Code 78721

Purpose of Disbursement  
Software - IE Only Account

[ ]  
 Category/  
 Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

### B. Civitech

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	0		

Mailing Address 1023 Springdale Rd  
13E

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.18657**  
 Amount of Each Disbursement this Period  
 [ ] 500.00

City Austin State TX Zip Code 78721

Purpose of Disbursement  
Software - IE Only Account

[ ]  
 Category/  
 Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

### C. Civitech

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	2	0		

Mailing Address 1023 Springdale Rd  
13E

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.18662**  
 Amount of Each Disbursement this Period  
 [ ] 500.00

City Austin State TX Zip Code 78721

Purpose of Disbursement  
Software - IE Only Account

[ ]  
 Category/  
 Type

Candidate Name

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

Memo Item

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

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

[ ] 1500.00  
 [ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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**

**A. Coulter, Wake, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 138 Franklin St.  
Apt 2

City Brooklyn State NY Zip Code 11222

Purpose of Disbursement  
Graphic Design Consulting - IE Only Account

Candidate Name

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

State: District:

Date of Disbursement: 09 / 04 / 2020

FEC Identification Number: C  
Transaction ID : SB29.18664  
Amount of Each Disbursement this Period: 300.00

Memo Item

**B. District of Columbia College Democrats**

Full Name (Last, First, Middle Initial)

Mailing Address 36 St Mary's St.

City Newton State MA Zip Code 02462

Purpose of Disbursement  
Non-Federal Donation

Candidate Name

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

State: District:

Date of Disbursement: 09 / 04 / 2020

FEC Identification Number: C  
Transaction ID : SB29.18736  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C. District of Columbia College Democrats**

Full Name (Last, First, Middle Initial)

Mailing Address 36 St Mary's St.

City Newton State MA Zip Code 02462

Purpose of Disbursement  
Non-Federal Donation

Candidate Name

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

State: District:

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C  
Transaction ID : SB29.18764  
Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1300.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**YOUTH PROGRESSIVE ACTION CATALYST**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2020
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.18666</b>
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Technology Fee - IE Only Account		Amount of Each Disbursement this Period [REDACTED] 31.80
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:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Unfiltered Media LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 03 / 2020
Mailing Address 2663 Manhattan Place #102		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.18663</b>
City Vienna	State VA	Zip Code 22180
Purpose of Disbursement Digital Consulting - IE Only Account		Amount of Each Disbursement this Period [REDACTED] 1200.00
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:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Welch, Katherine, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2020
Mailing Address 1955 Bells Ferry Road Apt 4112		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.18660</b>
City Marietta	State GA	Zip Code 30066
Purpose of Disbursement Software - IE Only Account		Amount of Each Disbursement this Period [REDACTED] 49.00
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:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1280.80
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED] 4110.80