

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

YOUTH PROGRESSIVE ACTION CATALYST

ADDRESS (number and street) 1250 I STREET NW
SUITE 330
 Check if different than previously reported. (ACC) 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 / D D / Y Y Y Y Y Y in the State of

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

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

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2024 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2024

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

Type or Print Name of Treasurer Guthman, Nick, , ,

Signature of Treasurer Guthman, Nick, , , Date M M / D D / Y Y Y Y Y Y 07 / 08 / 2024

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

Office Use Only							
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**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="2024"/>		<input type="text" value="15347.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="22402.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50823.42"/>	<input type="text" value="143284.69"/>
(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="73226.33"/>	<input type="text" value="158632.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="44346.99"/>	<input type="text" value="129753.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28879.34"/>	<input type="text" value="28879.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	18498.00	29168.00
(ii) Unitemized	32323.98	65909.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	50821.98	95077.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	50821.98	100077.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.44	43207.56
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	50823.42	143284.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	50823.42	143284.69

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	35753.98	87862.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35753.98	87862.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	8593.01	41890.44
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)) ..	44346.99	129753.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44346.99	129753.03

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50821.98	100077.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50821.98	100077.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35753.98	87862.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35753.98	87862.59

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

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

FOR LINE NUMBER: PAGE 6 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Ansara, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Lowell St
 City Carlisle State MA Zip Code 01741
 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 04 / 26 / 2024
Transaction ID : SA11AI.38626
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Banta, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1025 Eleanor Street
 City Knoxville State TN Zip Code 37917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 12 / 2024
Transaction ID : SA11AI.38642
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Banta, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1025 Eleanor Street
 City Knoxville State TN Zip Code 37917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 23 / 2024
Transaction ID : SA11AI.38643
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1300.00
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 7 OF 63
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bartels, Patricia, , ,		Date of Receipt MM / DD / YYYY 04 / 11 / 2024 Transaction ID : SA11AI.38651
Mailing Address 50 East 10 St.		Amount of Each Receipt this Period 100.00
City New York	State NY	Zip Code 10003
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bell, Stewart, , ,		Date of Receipt MM / DD / YYYY 04 / 09 / 2024 Transaction ID : SA11AI.38660
Mailing Address 240 Lincoln St		Amount of Each Receipt this Period 150.00
City Astoria	State OR	Zip Code 97103
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bell, Stewart, , ,		Date of Receipt MM / DD / YYYY 05 / 09 / 2024 Transaction ID : SA11AI.38661
Mailing Address 240 Lincoln St		Amount of Each Receipt this Period 150.00
City Astoria	State OR	Zip Code 97103
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 8 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

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

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 ▼ 900.00

Date of Receipt **06 / 09 / 2024**

Transaction ID : SA11AI.38662

Amount of Each Receipt this Period 150.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bender, Douglas, , ,

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 **04 / 02 / 2024**

Transaction ID : SA11AI.38663

Amount of Each Receipt this Period 1000.00

Memo Item

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

Mailing Address 11435 Daykin Drive

City St. Louis State MO Zip Code 63146

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 **04 / 10 / 2024**

Transaction ID : SA11AI.38692

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 9 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Bonin, Richard, , ,

Mailing Address 11435 Daykin Drive

City St. Louis	State MO	Zip Code 63146
-------------------	-------------	-------------------

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
05	/	10	/	2024

Transaction ID : SA11AI.38693

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bonin, Richard, , ,

Mailing Address 11435 Daykin Drive

City St. Louis	State MO	Zip Code 63146
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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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2024

Transaction ID : SA11AI.38694

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 21 Charlton Street

City New York	State NY	Zip Code 10014
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2024

Transaction ID : SA11AI.38718

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 10 OF 63
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Butler, Hillary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Charlton Street
 City New York State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) psychotherapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 05 / 01 / 2024
Transaction ID : SA11AI.38719
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Butler, Hillary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Charlton Street
 City New York State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) psychotherapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2024
Transaction ID : SA11AI.38720
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Butler, Hillary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Charlton Street
 City New York State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) psychotherapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 01 / 2024
Transaction ID : SA11AI.38721
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 11 OF 63
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Butler, Hillary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Charlton Street
 City New York State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) psychotherapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt **06 / 01 / 2024**
Transaction ID : SA11AI.38722
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Cohen, Naomi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POB 39
 City Gap Mills State WV Zip Code 24941
 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 ▼ 585.00

Date of Receipt **04 / 11 / 2024**
Transaction ID : SA11AI.38746
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Cohen, Naomi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POB 39
 City Gap Mills State WV Zip Code 24941
 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 ▼ 625.00

Date of Receipt **04 / 26 / 2024**
Transaction ID : SA11AI.38747
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
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 12 OF 63
	<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. Cohen, Naomi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POB 39
 City Gap Mills State WV Zip Code 24941
 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 ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2024
Transaction ID : SA11AI.38748
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cohen, Naomi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POB 39
 City Gap Mills State WV Zip Code 24941
 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 ▼ 1075.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2024
Transaction ID : SA11AI.38749
 Amount of Each Receipt this Period 200.00
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2024
Transaction ID : SA11AI.38770
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 13 OF 63
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Dorwick, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 523 Roosevelt Street
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) u. of Louisiana at Lafayette Occupation (for Individual) educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **05 / 23 / 2024**
Transaction ID : SA11AI.38774
 Amount of Each Receipt this Period 17.00
 Memo Item

B. Dorwick, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 523 Roosevelt Street
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) u. of Louisiana at Lafayette Occupation (for Individual) educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt **06 / 01 / 2024**
Transaction ID : SA11AI.38775
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Dorwick, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 523 Roosevelt Street
 City Lafayette State LA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) u. of Louisiana at Lafayette Occupation (for Individual) educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt **06 / 23 / 2024**
Transaction ID : SA11AI.38776
 Amount of Each Receipt this Period 17.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	59.00
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 14 OF 63
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Doub, Jane, , ,		Date of Receipt MM / DD / YYYY 06 / 06 / 2024 Transaction ID : SA11AI.38778
Mailing Address 1430 Neffwold Lane		Amount of Each Receipt this Period 250.00
City Kirkwood	State MO	Zip Code 63122
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Faessler, Diane G., , ,		Date of Receipt MM / DD / YYYY 06 / 17 / 2024 Transaction ID : SA11AI.38798
Mailing Address 4 Darby Lane		Amount of Each Receipt this Period 250.00
City Rockport	State MA	Zip Code 01966
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) none	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fink, David, , ,		Date of Receipt MM / DD / YYYY 05 / 20 / 2024 Transaction ID : SA11AI.38810
Mailing Address 6030 S La Cienega Blvd		Amount of Each Receipt this Period 1000.00
City Los Angeles	State CA	Zip Code 90056-1524
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 15 OF 63
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Flitner, Cara, , ,

Mailing Address 2 Mountain West Drive Unit 24

City Wolfeboro	State NH	Zip Code 03894
-------------------	-------------	-------------------

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

Name of Employer (for Individual) American Airlines	Occupation (for Individual) Pilot
--	--------------------------------------

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
 05 / 23 / 2024

Transaction ID : SA11AI.38818

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Flitner, Cara, , ,

Mailing Address 2 Mountain West Drive Unit 24

City Wolfeboro	State NH	Zip Code 03894
-------------------	-------------	-------------------

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

Name of Employer (for Individual) American Airlines	Occupation (for Individual) Pilot
--	--------------------------------------

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
 06 / 23 / 2024

Transaction ID : SA11AI.38819

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 1068 N Eagle Hollow Rd

City Green Valley	State AZ	Zip Code 85614-6086
----------------------	-------------	------------------------

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
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2024

Transaction ID : SA11AI.38820

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 16 OF 63
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Fluhrer, Patricia, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2024 Transaction ID : SA11AI.38821
Mailing Address 1068 N Eagle Hollow Rd		Amount of Each Receipt this Period 500.00
City Green Valley	State AZ	Zip Code 85614-6086
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 2500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fluhrer, Patricia, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2024 Transaction ID : SA11AI.38822
Mailing Address 1068 N Eagle Hollow Rd		Amount of Each Receipt this Period 500.00
City Green Valley	State AZ	Zip Code 85614-6086
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 3000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gardner, Sheryl, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2024 Transaction ID : SA11AI.38844
Mailing Address 95-356 Nape Place		Amount of Each Receipt this Period 300.00
City Millilani	State HI	Zip Code 96789
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 17 OF 63
	<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. Gray, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3535 Linda Vista Dr
 City San Marcos State CA Zip Code 92078
 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 **05 / 17 / 2024**
Transaction ID : SA11AI.38863
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Guthman, Lester, , ,
 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) Filmmaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 19 / 2024**
Transaction ID : SA11AI.38872
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hardenburg, Harrison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 chestnut st apt 321
 City elyria State OH Zip Code 44035
 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 **05 / 16 / 2024**
Transaction ID : SA11AI.38879
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 18 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Hardenburg, Harrison, , ,

Mailing Address 15 chestnut st apt 321

City elyria State OH Zip Code 44035

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
06 / 16 / 2024
Transaction ID : SA11AI.38880

Amount of Each Receipt this Period 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Harris, Burt, , ,

Mailing Address 316 Alta Ave.

City Santa Monica State CA Zip Code 90402

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 15 / 2024
Transaction ID : SA11AI.38883

Amount of Each Receipt this Period 1000.00

Memo Item

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

Mailing Address 3349 YORKSHIRE RD

City PASADENA State CA Zip Code 91107

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
05 / 08 / 2024
Transaction ID : SA11AI.38885

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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 19 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Heegaard, Julie, , ,		Date of Receipt MM / DD / YYYY 06 / 17 / 2024 Transaction ID : SA11AI.39391
Mailing Address 3343 Emerson Ave S.		Amount of Each Receipt this Period 300.00
City Minneapolis	State MN	Zip Code 55409
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. henkin, michelle, , ,		Date of Receipt MM / DD / YYYY 05 / 11 / 2024 Transaction ID : SA11AI.38887
Mailing Address 15 Pipers Way		Amount of Each Receipt this Period 50.00
City New Harbor	State ME	Zip Code 04554
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) artist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. henkin, michelle, , ,		Date of Receipt MM / DD / YYYY 06 / 11 / 2024 Transaction ID : SA11AI.38888
Mailing Address 15 Pipers Way		Amount of Each Receipt this Period 50.00
City New Harbor	State ME	Zip Code 04554
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) artist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 20 OF 63
(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. Hoyt, Ivan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 Manorview Cir NW
 City Salem State OR Zip Code 97304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 12 / 2024
Transaction ID : SA11AI.38899
 Amount of Each Receipt this Period 125.00
 Memo Item

B. James, Johanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 11092
 City Santa Rosa State CA Zip Code 95406-1092
 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 06 / 02 / 2024
Transaction ID : SA11AI.38911
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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 ▼ 400.00

Date of Receipt 04 / 26 / 2024
Transaction ID : SA11AI.38926
 Amount of Each Receipt this Period 100.00
 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 21 OF 63
	<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. Krawisz, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 N Hills Dr.
 City Marshfield State WI Zip Code 54449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marshfield Clinic Research Institute Occupation (for Individual) emeritus researcher
 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
 05 / 23 / 2024
Transaction ID : SA11AI.38939
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Law, Therese, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3967 SW Arroyo Dr
 City Seattle State WA Zip Code 98146
 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
 04 / 18 / 2024
Transaction ID : SA11AI.38954
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Law, Therese, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3967 SW Arroyo Dr
 City Seattle State WA Zip Code 98146
 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
 05 / 18 / 2024
Transaction ID : SA11AI.38955
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 22 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Linderman, Christine E, , ,

Mailing Address 277 Riverside Dr

City Florence State MA Zip Code 01062

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 **04 / 13 / 2024**

Transaction ID : SA11AI.38960

Amount of Each Receipt this Period **50.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Linderman, Christine E, , ,

Mailing Address 277 Riverside Dr

City Florence State MA Zip Code 01062

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 **05 / 13 / 2024**

Transaction ID : SA11AI.38961

Amount of Each Receipt this Period **50.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Linderman, Christine E, , ,

Mailing Address 277 Riverside Dr

City Florence State MA Zip Code 01062

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 **05 / 17 / 2024**

Transaction ID : SA11AI.38962

Amount of Each Receipt this Period **60.00**

Memo Item

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

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

160.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 23 OF 63
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Linderman, Christine E, , ,

Mailing Address 277 Riverside Dr

City Florence	State MA	Zip Code 01062
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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 ▼
435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2024

Transaction ID : SA11AI.38963

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Mehl, Carter, , ,

Mailing Address 1054 Peralta Avenue

City Albany	State CA	Zip Code 94706
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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
04	/	13	/	2024

Transaction ID : SA11AI.39022

Amount of Each Receipt this Period
100.00

Memo Item

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

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2024

Transaction ID : SA11AI.39023

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 24 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
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 ▼ 700.00

Date of Receipt **05 / 13 / 2024**
Transaction ID : SA11AI.39024
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 750.00

Date of Receipt **06 / 03 / 2024**
Transaction ID : SA11AI.39025
 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 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 ▼ 850.00

Date of Receipt **06 / 13 / 2024**
Transaction ID : SA11AI.39026
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 25 OF 63
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Mehl, Carter, , ,

Mailing Address 1054 Peralta Avenue

City Albany	State CA	Zip Code 94706
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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 ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2024

Transaction ID : SA11AI.39027

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Nelson, Thomas, , ,

Mailing Address 1198 SUNNY SLOPE RD

City LA POINTE	State WI	Zip Code 54850
-------------------	-------------	-------------------

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
04	/	12	/	2024

Transaction ID : SA11AI.39063

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 1198 SUNNY SLOPE RD

City LA POINTE	State WI	Zip Code 54850
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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 ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2024

Transaction ID : SA11AI.39064

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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 26 OF 63
	(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. Nelson, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1198 SUNNY SLOPE RD
 City LA POINTE State WI Zip Code 54850
 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 ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2024
Transaction ID : SA11AI.39065
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 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 ▼ 754.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2024
Transaction ID : SA11AI.39070
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 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 ▼ 829.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2024
Transaction ID : SA11AI.39071
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 27 OF 63
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
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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 ▼
904.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2024
Transaction ID : SA11AI.39072

Amount of Each Receipt this Period
75.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
----------------	-------------	-------------------

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 ▼
964.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2024
Transaction ID : SA11AI.39073

Amount of Each Receipt this Period
60.00

Memo Item

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

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
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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 ▼
989.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2024
Transaction ID : SA11AI.39074

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
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 28 OF 63
	<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. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 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 ▼ 1039.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2024
Transaction ID : SA11AI.39075
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 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 ▼ 1089.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2024
Transaction ID : SA11AI.39076
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 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 ▼ 1139.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2024
Transaction ID : SA11AI.39077
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 29 OF 63
	<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
Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
----------------	-------------	-------------------

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 ▼
1214.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2024
Transaction ID : SA11AI.39078

Amount of Each Receipt this Period
75.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
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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 ▼
1274.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2024
Transaction ID : SA11AI.39079

Amount of Each Receipt this Period
60.00

Memo Item

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

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
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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 ▼
1324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2024
Transaction ID : SA11AI.39080

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
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 30 OF 63
	<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. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 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 ▼ 1424.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2024
Transaction ID : SA11AI.39081
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 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 ▼ 1524.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2024
Transaction ID : SA11AI.39082
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 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 ▼ 1574.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2024
Transaction ID : SA11AI.39083
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 31 OF 63
	<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
Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
----------------	-------------	-------------------

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 ▼
1608.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2024
Transaction ID : SA11AI.39084

Amount of Each Receipt this Period
34.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
----------------	-------------	-------------------

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 ▼
1633.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2024
Transaction ID : SA11AI.39085

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
----------------	-------------	-------------------

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 ▼
1708.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2024
Transaction ID : SA11AI.39086

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	134.00
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 32 OF 63
	<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
Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
----------------	-------------	-------------------

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 ▼
1758.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2024
Transaction ID : SA11AI.39087

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nicholls, Rosalie, , ,

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
----------------	-------------	-------------------

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 ▼
1808.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2024
Transaction ID : SA11AI.39088

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
----------------	-------------	-------------------

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 ▼
1908.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2024
Transaction ID : SA11AI.39089

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 33 OF 63
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oelsner, Leslie, , ,

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2024

Transaction ID : SA11AI.39091

Amount of Each Receipt this Period
25.00

Memo Item

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

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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2024

Transaction ID : SA11AI.39092

Amount of Each Receipt this Period
25.00

Memo Item

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

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 ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2024

Transaction ID : SA11AI.39093

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 34 OF 63
	<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 ▼ 550.00

Date of Receipt 06 / 14 / 2024
Transaction ID : SA11AI.39094
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Overs, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N56 W21414 Silver Spring Dr.
 City Menomonee Falls State WI Zip Code 53051
 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 04 / 09 / 2024
Transaction ID : SA11AI.39106
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Overs, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N56 W21414 Silver Spring Dr.
 City Menomonee Falls State WI Zip Code 53051
 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 05 / 09 / 2024
Transaction ID : SA11AI.39107
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
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 35 OF 63
	<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. Overs, Mark, , ,

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

Mailing Address N56 W21414 Silver Spring Dr.

City Menomonee Falls	State WI	Zip Code 53051
-------------------------	-------------	-------------------

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
 05 / 14 / 2024

Transaction ID : SA11AI.39108

Amount of Each Receipt this Period
100.00

Memo Item

B. Overs, Mark, , ,

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

Mailing Address N56 W21414 Silver Spring Dr.

City Menomonee Falls	State WI	Zip Code 53051
-------------------------	-------------	-------------------

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
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2024

Transaction ID : SA11AI.39109

Amount of Each Receipt this Period
100.00

Memo Item

C. Overs, Mark, , ,

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

Mailing Address N56 W21414 Silver Spring Dr.

City Menomonee Falls	State WI	Zip Code 53051
-------------------------	-------------	-------------------

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
 06 / 09 / 2024

Transaction ID : SA11AI.39110

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 36 OF 63
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Parks, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Porterford Rd
 City Union State MO Zip Code 63084
 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2024
Transaction ID : SA11AI.39121
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Parks, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Porterford Rd
 City Union State MO Zip Code 63084
 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
 06 / 07 / 2024
Transaction ID : SA11AI.39122
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Parks, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Porterford Rd
 City Union State MO Zip Code 63084
 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
 06 / 20 / 2024
Transaction ID : SA11AI.39123
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 37 OF 63
	<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. Permaul, Nadesan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Cambridge Way
 City Piedmont State CA Zip Code 94611
 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
 06 / 04 / 2024
Transaction ID : SA11AI.39132
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Pomeroy, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 East End Ave
 City New York State NY Zip Code 10028
 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
 05 / 06 / 2024
Transaction ID : SA11AI.39145
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Pomeroy, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 East End Ave
 City New York State NY Zip Code 10028
 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2024
Transaction ID : SA11AI.39146
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
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 38 OF 63
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Post, Fran, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Woodland Ave
 City Port Townsend State WA Zip Code 98368
 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
 05 / 10 / 2024
Transaction ID : SA11AI.39152
 Amount of Each Receipt this Period
 100.00
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2024
Transaction ID : SA11AI.39163
 Amount of Each Receipt this Period
 100.00
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2024
Transaction ID : SA11AI.39164
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 39 OF 63
<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 ▼ 600.00

Date of Receipt 06 / 20 / 2024
Transaction ID : SA11AI.39165
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Riecker, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 983
 City Salado State TX Zip Code 76571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) futures trader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 17 / 2024
Transaction ID : SA11AI.39176
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Rosenberg, Beth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Waldo st
 City Somerville State MA Zip Code 02143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tufts University Occupation (for Individual) professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 24 / 2024
Transaction ID : SA11AI.39185
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	330.00
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 40 OF 63

(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Roth, David R, , ,

Mailing Address **3936 SE ANKENY ST**

City PORTLAND	State OR	Zip Code 97214-2012
-------------------------	--------------------	-------------------------------

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
04 / 14 / 2024

Transaction ID : SA11AI.39190

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Roth, David R, , ,

Mailing Address **3936 SE ANKENY ST**

City PORTLAND	State OR	Zip Code 97214-2012
-------------------------	--------------------	-------------------------------

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
04 / 16 / 2024

Transaction ID : SA11AI.39191

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address **3936 SE ANKENY ST**

City PORTLAND	State OR	Zip Code 97214-2012
-------------------------	--------------------	-------------------------------

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
05 / 14 / 2024

Transaction ID : SA11AI.39192

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 41 OF 63
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roth, David R, , ,

Mailing Address 3936 SE ANKENY ST

City PORTLAND	State OR	Zip Code 97214-2012
------------------	-------------	------------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2024

Transaction ID : SA11AI.39193

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roth, David R, , ,

Mailing Address 3936 SE ANKENY ST

City PORTLAND	State OR	Zip Code 97214-2012
------------------	-------------	------------------------

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
06		14		2024

Transaction ID : SA11AI.39194

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 3936 SE ANKENY ST

City PORTLAND	State OR	Zip Code 97214-2012
------------------	-------------	------------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2024

Transaction ID : SA11AI.39195

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 42 OF 63
	<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. Safier, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 N. Francisco Ave.
 City unit C State CA Zip Code 90277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) musician
 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
 05 / 02 / 2024
Transaction ID : SA11AI.39210
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Safier, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 N. Francisco Ave.
 City unit C State CA Zip Code 90277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) musician
 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
 05 / 13 / 2024
Transaction ID : SA11AI.39211
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Safier, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 N. Francisco Ave.
 City unit C State CA Zip Code 90277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) musician
 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
 06 / 02 / 2024
Transaction ID : SA11AI.39212
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 43 OF 63
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Safier, Renee, , ,

Mailing Address 516 N. Francisco Ave.

City unit C	State CA	Zip Code 90277
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 13 / 2024
Transaction ID : SA11AI.39213

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Scherpenisse, Carol, , ,

Mailing Address 14891 Cross Lane

City Spring Lake	State MI	Zip Code 49456
---------------------	-------------	-------------------

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
06 / 23 / 2024
Transaction ID : SA11AI.39232

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 460 La Floresta Drive #321

City Brea	State CA	Zip Code 92823
--------------	-------------	-------------------

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
06 / 24 / 2024
Transaction ID : SA11AI.39245

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1125.00
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 44 OF 63
	<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. Smudz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4655 Haymarket
 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 ▼ 1925.00

Date of Receipt **04 / 13 / 2024**
Transaction ID : SA11AI.39259
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Smudz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4655 Haymarket
 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 ▼ 2125.00

Date of Receipt **04 / 20 / 2024**
Transaction ID : SA11AI.39260
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Smudz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4655 Haymarket
 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 ▼ 2325.00

Date of Receipt **04 / 27 / 2024**
Transaction ID : SA11AI.39261
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 45 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Smudz, Susan, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 04 / 2024 Transaction ID : SA11AI.39262
Mailing Address 4655 Haymarket			Amount of Each Receipt this Period 250.00
City Columbus	State OH	Zip Code 43220	<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 ▼ 2575.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smudz, Susan, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2024 Transaction ID : SA11AI.39263
Mailing Address 4655 Haymarket			Amount of Each Receipt this Period 150.00
City Columbus	State OH	Zip Code 43220	<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 ▼ 2725.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Smudz, Susan, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2024 Transaction ID : SA11AI.39264
Mailing Address 4655 Haymarket			Amount of Each Receipt this Period 500.00
City Columbus	State OH	Zip Code 43220	<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 ▼ 3225.00	

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 46 OF 63
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Smudz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4655 Haymarket
 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 ▼ 3475.00

Date of Receipt **05 / 28 / 2024**
Transaction ID : SA11AI.39265
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Smudz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4655 Haymarket
 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 ▼ 3575.00

Date of Receipt **06 / 10 / 2024**
Transaction ID : SA11AI.39266
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Strid, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 Sw Waubish St
 City White Salmon State WA Zip Code 98672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 30 / 2024**
Transaction ID : SA11AI.39291
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 47 OF 63
	<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. Thomas, Vonne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 518
 City Garberville State CA Zip Code 95542
 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2024
Transaction ID : SA11AI.39310
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Traer, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 Woolf Avenue
 City Iowa City State IA Zip Code 52246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dominican University of California Occupation (for Individual) Teacher
 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
 04 / 12 / 2024
Transaction ID : SA11AI.39317
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Traer, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 Woolf Avenue
 City Iowa City State IA Zip Code 52246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dominican University of California Occupation (for Individual) Teacher
 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
 05 / 14 / 2024
Transaction ID : SA11AI.39318
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	540.00
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 48 OF 63
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weicker, Dorothy, , ,

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2024

Transaction ID : SA11AI.39343

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weicker, Dorothy, , ,

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
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2024

Transaction ID : SA11AI.39344

Amount of Each Receipt this Period
50.00

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	18498.00

**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. ActBlue Technical Services

Mailing Address PO Box 441146

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement

Credit Card Processing Fees

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.39451

Amount of Each Disbursement this Period

[] 1999.91

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

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.39413

Amount of Each Disbursement this Period

[] 2012.30

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

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.39417

Amount of Each Disbursement this Period

[] 10.60

Memo Item

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

[] 4022.81

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. Action Squared LLC		Date of Disbursement MM / DD / YYYY 05 / 06 / 2024
Mailing Address 1900 L Street, NW Suite 900		FEC Identification Number C [] Transaction ID : SB21B.39423
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Database Management		Amount of Each Disbursement this Period [] 1957.40
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. Action Squared LLC		Date of Disbursement MM / DD / YYYY 05 / 23 / 2024
Mailing Address 1900 L Street, NW Suite 900		FEC Identification Number C [] Transaction ID : SB21B.39429
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Database Management		Amount of Each Disbursement this Period [] 10.60
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) C. Action Squared LLC		Date of Disbursement MM / DD / YYYY 06 / 13 / 2024
Mailing Address 1900 L Street, NW Suite 900		FEC Identification Number C [] Transaction ID : SB21B.39442
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Database Management		Amount of Each Disbursement this Period [] 1679.89
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	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3647.89
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. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.39444

Amount of Each Disbursement this Period

[Redacted] 10.60

Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K Street, N.W

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

Bank Charges

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	5			2	4			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.39433

Amount of Each Disbursement this Period

[Redacted] 12.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 1825 K Street, N.W

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

Bank Charges

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	6			2	8			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.3945t

Amount of Each Disbursement this Period

[Redacted] 12.00

Memo Item

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

[Redacted] 34.60

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

Full Name (Last, First, Middle Initial)

A. Dooley, David, , ,

Mailing Address 6871 N Laureen Ave

City
Fresno

State
CA

Zip Code
93710

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
05 / 08 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.39424

Amount of Each Disbursement this Period

[] 75.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GoDaddy.com

Mailing Address 2155 E. GoDaddy Way

City
Tempe

State
AZ

Zip Code
85284

Purpose of Disbursement

Website Domain

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.39426

Amount of Each Disbursement this Period

[] 167.88

Memo Item

Full Name (Last, First, Middle Initial)

C. GoDaddy.com

Mailing Address 2155 E. GoDaddy Way

City
Tempe

State
AZ

Zip Code
85284

Purpose of Disbursement

Website Domain

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.39426

Amount of Each Disbursement this Period

[] 99.99

Memo Item

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

[] 342.87

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. Google

Full Name (Last, First, Middle Initial)

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Technology Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 13 / 2024

FEC Identification Number C

Transaction ID : SB21B.39427

Amount of Each Disbursement this Period 7.20

Memo Item

B. Guthman, Nick, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 10913 Lindblade St.

City Culver City State CA Zip Code 90230

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 24 / 2024

FEC Identification Number C

Transaction ID : SB21B.39432

Amount of Each Disbursement this Period 2000.00

Memo Item

C. Guthman, Nick, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 10913 Lindblade St.

City Culver City State CA Zip Code 90230

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 26 / 2024

FEC Identification Number C

Transaction ID : SB21B.39446

Amount of Each Disbursement this Period 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4007.20

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. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	2	4

Mailing Address 1090 Vermont Ave. NW
Suite 750

City Washington State DC Zip Code 20005

FEC Identification Number

C []
Transaction ID : SB21B.39430
 Amount of Each Disbursement this Period
 [] 875.00

Purpose of Disbursement

Legal Services

[]
 Category/
 Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. Stahr, Morgan, , ,

Date of Disbursement

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

Mailing Address 515 S Poplar St

City Hazleton State PA Zip Code 18201

FEC Identification Number

C []
Transaction ID : SB21B.39414
 Amount of Each Disbursement this Period
 [] 150.00

Purpose of Disbursement

Healthcare

[]
 Category/
 Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. Stahr, Morgan, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	2	4

Mailing Address 515 S Poplar St

City Hazleton State PA Zip Code 18201

FEC Identification Number

C []
Transaction ID : SB21B.39431
 Amount of Each Disbursement this Period
 [] 2000.00

Purpose of Disbursement

Payroll

[]
 Category/
 Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

[] 3025.00

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)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Stahr, Morgan, , , Disbursement details including date (05/28/2024), amount (300.00), and transaction ID (SB21B.39434).

Form B: Stahr, Morgan, , , Disbursement details including date (06/12/2024), amount (2000.00), and transaction ID (SB21B.39441).

Form C: Stahr, Morgan, , , Disbursement details including date (06/26/2024), amount (2000.00), and transaction ID (SB21B.39445).

SUBTOTAL of Disbursements This Page (optional) 4300.00
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. Stahr, Morgan, , ,

Mailing Address 515 S Poplar St

City
Hazleton

State
PA

Zip Code
18201

Purpose of Disbursement

Healthcare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	4

FEC Identification Number

C _____

Transaction ID : SB21B.39447

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Strategy & Hustle LLC

Mailing Address 3216 Central Ave NE

City
Washington

State
DC

Zip Code
20018

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	4

FEC Identification Number

C _____

Transaction ID : SB21B.39411

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Strategy & Hustle LLC

Mailing Address 3216 Central Ave NE

City
Washington

State
DC

Zip Code
20018

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	2	4

FEC Identification Number

C _____

Transaction ID : SB21B.39426

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

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

1	0	1	5	0	0
---	---	---	---	---	---

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

1	0	1	5	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. Strategy & Hustle LLC

Mailing Address 3216 Central Ave NE

City
Washington

State
DC

Zip Code
20018

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	6		0	4		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.39437

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Unfiltered Media LLC

Mailing Address 2663 Manhattan Place
#102

City
Vienna

State
VA

Zip Code
22180

Purpose of Disbursement

Payroll Processing

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	5		2	8		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.39435

Amount of Each Disbursement this Period

[REDACTED] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Unfiltered Media LLC

Mailing Address 2663 Manhattan Place
#102

City
Vienna

State
VA

Zip Code
22180

Purpose of Disbursement

Payroll Processing

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	6		2	6		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.39448

Amount of Each Disbursement this Period

[REDACTED] 200.00

Memo Item

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

[REDACTED] 5400.00

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	3		2	0	2	4		

FEC Identification Number

C []

Transaction ID : SB21B.39436

Amount of Each Disbursement this Period

[] 338.99

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 338.99

[] 35269.36

**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. Amalgamated Bank

Mailing Address 1825 K Street, N.W

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

Bank Charges - IE Ony Account

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.39405

Amount of Each Disbursement this Period

[REDACTED] 12.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K Street, N.W

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

Bank Charges - IE Ony Account

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.39406

Amount of Each Disbursement this Period

[REDACTED] 38.16

Memo Item

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 1825 K Street, N.W

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

Bank Charges - IE Ony Account

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.39409

Amount of Each Disbursement this Period

[REDACTED] 14.00

Memo Item

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

[REDACTED] 64.16

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Bill.com

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		18		2024

Mailing Address 6220 America Center Drive
Suite 100

City San Jose State CA Zip Code 95002

Purpose of Disbursement

Payment Processing Fee - IE Only Account

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB29.39395

Amount of Each Disbursement this Period

118.40

Memo Item

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Bill.com

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2024

Mailing Address 6220 America Center Drive
Suite 100

City San Jose State CA Zip Code 95002

Purpose of Disbursement

Payment Processing Fee - IE Only Account

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB29.39404

Amount of Each Disbursement this Period

48.22

Memo Item

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Bill.com

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2024

Mailing Address 6220 America Center Drive
Suite 100

City San Jose State CA Zip Code 95002

Purpose of Disbursement

Payment Processing Fee - IE Only Account

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB29.39408

Amount of Each Disbursement this Period

48.22

Memo Item

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

214.84

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. Google

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	4

Mailing Address 1600 Amphitheatre Parkway

FEC Identification Number

C []

Transaction ID : SB29.39407

Amount of Each Disbursement this Period

[] 150.00

Memo Item

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Technology Fee - IE Ony Account

[]
Category/
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. Guthman, Nick, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	2	4

Mailing Address 10913 Lindblade St.

FEC Identification Number

C []

Transaction ID : SB29.39398

Amount of Each Disbursement this Period

[] 1600.00

Memo Item

City Culver City State CA Zip Code 90230

Purpose of Disbursement
Payroll - IE Ony Account

[]
Category/
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. Guthman, Nick, , ,

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	4

Mailing Address 10913 Lindblade St.

FEC Identification Number

C []

Transaction ID : SB29.39403

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

City Culver City State CA Zip Code 90230

Purpose of Disbursement
Payroll - IE Ony Account

[]
Category/
Type

Candidate Name

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

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

[] 2750.00

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. Stahr, Morgan, , ,

Mailing Address 515 S Poplar St

City
Hazleton

State
PA

Zip Code
18201

Purpose of Disbursement
Healthcare - IE Ony Account

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	4		2	4		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.39396

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Stahr, Morgan, , ,

Mailing Address 515 S Poplar St

City
Hazleton

State
PA

Zip Code
18201

Purpose of Disbursement
Payroll - IE Ony Account

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	4		2	4		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.39397

Amount of Each Disbursement this Period

1600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stahr, Morgan, , ,

Mailing Address 515 S Poplar St

City
Hazleton

State
PA

Zip Code
18201

Purpose of Disbursement
Payroll - IE Ony Account

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	5		0	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.39402

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2750.00

