

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Community Change Voters

ADDRESS (number and street)

1536 U Street NW

Check if different  
than previously  
reported. (ACC)

Washington

DC

20009

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00612820

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Berman, Jeff, , ,

Signature of Treasurer

Berman, Jeff, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Community Change VotersReport Covering the Period: From: 

M M	/	D D	/	Y Y Y Y Y
01		01		2025

 To: 

M M	/	D D	/	Y Y Y Y Y
06		30		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>646980.40</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>646980.40</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>2665.11</div></div>	<div><div></div><div>2665.11</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>649645.51</div></div>	<div><div></div><div>649645.51</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>39453.17</div></div>	<div><div></div><div>39453.17</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<div><div></div><div>610192.34</div></div>	<div><div></div><div>610192.34</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



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](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Community Change Voters

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025**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).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

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 Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

0.00

0.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

2665.11

2665.11

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

2665.11

2665.11

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

2665.11

2665.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	35453.17	35453.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	35453.17	35453.17
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).....	4000.00	4000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39453.17	39453.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39453.17	39453.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	35453.17	35453.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2665.11	2665.11
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	32788.06	32788.06

**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 18

(check only one)

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

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

NAME OF COMMITTEE (In Full)

**Community Change Voters**

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

**A. Middle Seat Consulting, LLC**

Mailing Address PO Box 21600

City  
WashingtonState  
DCZip Code  
20009FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2632.47

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2025**Transaction ID : A-815**

Amount of Each Receipt this Period

316.11

☐ Memo ItemPartial Refund for an IE originally reported on the  
October Quarterly 2024

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

**B. Middle Seat Consulting, LLC**

Mailing Address PO Box 21600

City  
WashingtonState  
DCZip Code  
20009FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2632.47

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2025**Transaction ID : A-816**

Amount of Each Receipt this Period

2209.34

☐ Memo ItemPartial Refund for an IE originally reported on the Pre-  
General 2024

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

**C. Middle Seat Consulting, LLC**

Mailing Address PO Box 21600

City  
WashingtonState  
DCZip Code  
20009FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2632.47

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2025**Transaction ID : A-817**

Amount of Each Receipt this Period

69.30

☐ Memo ItemPartial Refund for an IE originally reported on the Pre-  
General 2024**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2594.75

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 18  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Community Change Voters

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

**A. Middle Seat Consulting, LLC**

Mailing Address PO Box 21600

City  
WashingtonState  
DCZip Code  
20009FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2632.47

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : A-818

Amount of Each Receipt this Period

37.72

☐ Memo Item

Partial Refund for an IE originally reported on the Pre-General 2024

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

**B. Middle Seat Consulting, LLC**

Mailing Address PO Box 21600

City  
WashingtonState  
DCZip Code  
20009FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2665.11

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2025

Transaction ID : A-819

Amount of Each Receipt this Period

32.64

☐ Memo Item

Partial Refund for an IE originally reported on the Pre-General 2024

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

70.36

2665.11

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

PAGE 8 OF 18

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

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

NAME OF COMMITTEE (In Full)

Community Change Voters

Full Name (Last, First, Middle Initial)

**A. Integrated Solutions: Political**Mailing Address 4142 Adams Avenue  
Suite 103-550City  
San DiegoState  
CAZip Code  
92116

Purpose of Disbursement

Compliance &amp; Reporting Software Subscription

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-784

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 275 7th Avenue

City  
New YorkState  
NYZip Code  
10001

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-790

Amount of Each Disbursement this Period

343.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Integrated Solutions: Political**Mailing Address 4142 Adams Avenue  
Suite 103-550City  
San DiegoState  
CAZip Code  
92116

Purpose of Disbursement

Compliance &amp; Reporting Software Subscription

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-785

Amount of Each Disbursement this Period

2000.00

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

4343.28

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

PAGE 9 OF 18

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

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NAME OF COMMITTEE (In Full)

Community Change Voters

Full Name (Last, First, Middle Initial)

**A. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-787

Amount of Each Disbursement this Period

2250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-788

Amount of Each Disbursement this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-789

Amount of Each Disbursement this Period

275.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2800.00

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

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

PAGE 10 OF 18

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

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NAME OF COMMITTEE (In Full)

Community Change Voters

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 275 7th Avenue

City  
New YorkState  
NYZip Code  
10001

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-796

Amount of Each Disbursement this Period

300.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Integrated Solutions: Political**Mailing Address 4142 Adams Avenue  
Suite 103-550City  
San DiegoState  
CAZip Code  
92116

Purpose of Disbursement

Compliance &amp; Reporting Software Subscription

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-791

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-793

Amount of Each Disbursement this Period

275.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2575.09

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 18

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

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NAME OF COMMITTEE (In Full)

Community Change Voters

Full Name (Last, First, Middle Initial)

**A. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : B-794

Amount of Each Disbursement this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : B-795

Amount of Each Disbursement this Period

2250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chase Card Services**

Mailing Address PO Box 6294

City  
Carol StreamState  
ILZip Code  
60197

Purpose of Disbursement

Credit Card Payment - See Memo if Itemized

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-800

Amount of Each Disbursement this Period

1523.00

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

4048.00

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

PAGE 12 OF 18

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

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NAME OF COMMITTEE (In Full)

Community Change Voters

Full Name (Last, First, Middle Initial)

**A. CNA Insurance**

Mailing Address PO Box 74007619

City  
ChicagoState  
ILZip Code  
60674-7619

Purpose of Disbursement

Insurance

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-801

Amount of Each Disbursement this Period

1523.00

☒ Memo Item MEMO: Subvendor of-Chase Card Services

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 275 7th Avenue

City  
New YorkState  
NYZip Code  
10001

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-802

Amount of Each Disbursement this Period

328.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-804

Amount of Each Disbursement this Period

275.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

603.39

**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)

PAGE 13 OF 18

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Community Change Voters**

Full Name (Last, First, Middle Initial)

## **A. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
Tempe

State  
AZ

Zip Code  
85285

Purpose of Disbursement

Compliance & Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2025

FEC Identification Number

C

**Transaction ID : B-805**

Amount of Each Disbursement this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
Tempe

State  
AZ

Zip Code  
85285

Purpose of Disbursement

Compliance & Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2025

FEC Identification Number

C

**Transaction ID : B-806**

Amount of Each Disbursement this Period

2250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Integrated Solutions: Political**

Mailing Address 4142 Adams Avenue  
Suite 103-550

City  
San Diego

State  
CA

Zip Code  
92116

Purpose of Disbursement

Compliance & Reporting Software Subscription

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2025

FEC Identification Number

C

**Transaction ID : B-808**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

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

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

4525.00

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

PAGE 14 OF 18

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

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NAME OF COMMITTEE (In Full)

Community Change Voters

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 275 7th Avenue

City  
New YorkState  
NYZip Code  
10001

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-825

Amount of Each Disbursement this Period

342.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hodge, Hart & Schleifer, Inc.**Mailing Address 8401 Connecticut Avenue  
STE 600City  
Chevy ChaseState  
MDZip Code  
20815

Purpose of Disbursement

Insurance

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-809

Amount of Each Disbursement this Period

5754.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-811

Amount of Each Disbursement this Period

2250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8346.90

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 18

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

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NAME OF COMMITTEE (In Full)

Community Change Voters

Full Name (Last, First, Middle Initial)

**A. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-812

Amount of Each Disbursement this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-813

Amount of Each Disbursement this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Integrated Solutions: Political**Mailing Address 4142 Adams Avenue  
Suite 103-550City  
San DiegoState  
CAZip Code  
92116

Purpose of Disbursement

Compliance &amp; Reporting Software Subscription

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-814

Amount of Each Disbursement this Period

2000.00

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

2550.00

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

PAGE 16 OF 18

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

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NAME OF COMMITTEE (In Full)

Community Change Voters

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 275 7th Avenue

City  
New YorkState  
NYZip Code  
10001

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-820

Amount of Each Disbursement this Period

344.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-822

Amount of Each Disbursement this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-823

Amount of Each Disbursement this Period

275.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

894.62

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 18

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

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NAME OF COMMITTEE (In Full)

Community Change Voters

Full Name (Last, First, Middle Initial)

**A. CommonCentsConsulting, LLC**

Mailing Address PO Box 26430

City  
TempeState  
AZZip Code  
85285

Purpose of Disbursement

Compliance &amp; Accounting Services

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-824

Amount of Each Disbursement this Period

2250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Integrated Solutions: Political**Mailing Address 4142 Adams Avenue  
Suite 103-550City  
San DiegoState  
CAZip Code  
92116

Purpose of Disbursement

Compliance &amp; Reporting Software Subscription

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-826

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 275 7th Avenue

City  
New YorkState  
NYZip Code  
10001

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : B-827

Amount of Each Disbursement this Period

321.89

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4571.89

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

35258.17

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

PAGE 18 OF 18

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

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NAME OF COMMITTEE (In Full)

Community Change Voters

Full Name (Last, First, Middle Initial)

**A. Community Change Voters Nevada**

Mailing Address 1536 U Street Northwest

City  
WashingtonState  
DCZip Code  
20009

Purpose of Disbursement

Donation

Candidate Name

012

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : B-807

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

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

4000.00