

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED

2022 NOV -1 AM 10:07

1. (a) Name of Individual, Organization or Corporation <i>Center For Racial &amp; Gender Equity</i>		3. FEC Identification Number <b>C 9 0 0 2 1 4 6 0</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>2243 East 71st Street</i>		
(c) City, State and ZIP Code <i>Chicago, IL 60649</i>		
2. Occupation and Name of Employer (for Individual Filers Only)		

#### 4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

MM	DD	YYYY
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#### 5. COVERING PERIOD:

FROM 

MM	DD	YYYY
10	28	2022

  
THROUGH 

MM	DD	YYYY
10	28	2022

6. TOTAL CONTRIBUTIONS.....

**1,273,426**

7. TOTAL INDEPENDENT EXPENDITURES .....

**1,273,426**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

DeAngelo Bester

DeAngelo Bester

10/28/22

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

For further information, contact: Federal Election Commission, 1050 First Street, N.E., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

NONDISCRIMINATION STATEMENT

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
DeAngelo Bester

Full Name (Last, First, Middle Initial) of Payee WISDOM ACTION		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 2821 Vel R Phillips Ave. Suite 217		Amount	
City Milwaukee	State WI	Zip Code 53212	
Purpose of Expenditure Canvassing Vendor	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mandela Barnes		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4 9 9 8 8 0 9		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1 2 7 3 4 2 6
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1 2 7 3 4 2 6

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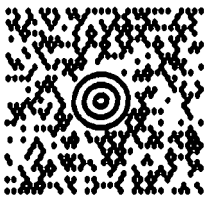
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 2022 NOV - 10

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WASHINGTON DC 20002-4694



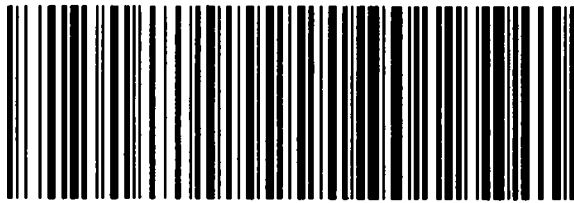
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NON-RECYCLED PAPER

01880250709 11/18 United Parcel

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):  <i>WPS</i>	Shipping Date <i>10/29/22</i> Next Business Day Delivery <input checked="" type="checkbox"/>
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<i>WPS</i> PREPARER	<i>11/1/22</i> DATE PREPARED

(3/2015)

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