

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS  
AND LOBBYIST/REGISTRANT PACs

|                                                                                                                 |                                                    |                                                                                                                                                                                                                                              |                                          |          |                                                                                            |  |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------|--------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE (in full)                                                                                  |                                                    | TYPE OR PRINT                                                                                                                                                                                                                                | Example: If typing, type over the lines. |          | 12FE4M5                                                                                    |  |
| Josh Harder for Congress                                                                                        |                                                    |                                                                                                                                                                                                                                              |                                          |          |                                                                                            |  |
| ADDRESS (number and street)                                                                                     |                                                    | PO Box 4220                                                                                                                                                                                                                                  |                                          |          |                                                                                            |  |
| <input type="checkbox"/>                                                                                        | Check if different than previously reported. (ACC) | Manteca                                                                                                                                                                                                                                      | CA                                       | 95337    |                                                                                            |  |
|                                                                                                                 |                                                    | CITY                                                                                                                                                                                                                                         | STATE                                    | ZIP CODE |                                                                                            |  |
| 2. FEC IDENTIFICATION NUMBER                                                                                    |                                                    | 3. IS THIS REPORT                                                                                                                                                                                                                            |                                          |          | 4. STATE DISTRICT                                                                          |  |
| C C00639146                                                                                                     |                                                    | <input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)                                                                                                                                                          |                                          |          | CA 09                                                                                      |  |
|                                                                                                                 |                                                    |                                                                                                                                                                                                                                              |                                          |          | For Candidates Only                                                                        |  |
| 5. TYPE OF REPORT (Choose One)                                                                                  |                                                    | (b) Monthly Report Due On:                                                                                                                                                                                                                   |                                          |          |                                                                                            |  |
| (a) Quarterly Reports:                                                                                          |                                                    | <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"/> April 15 Quarterly Report (Q1)                                                         |                                                    | <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 checked="" type="checkbox"/> October 15 Quarterly Report (Q3)                                            |                                                    | <input type="checkbox"/> Apr 20 (M4) <input type="checkbox"/> Jul 20 (M7) and/or Semi-annual Report <input type="checkbox"/> Oct 20 (M10) <input type="checkbox"/> Jan 31 (YE) and/or Semi-annual Report                                     |                                          |          |                                                                                            |  |
| <input type="checkbox"/> July 15 Quarterly Report (Q2) and/or Semi-annual Report                                |                                                    | (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"/> Special (12S) <input type="checkbox"/> Convention (12C) |                                          |          |                                                                                            |  |
| <input type="checkbox"/> January 31 Year-End Report (YE) and/or Semi-annual Report                              |                                                    | Election on M M M / D D D / Y Y Y Y Y Y in the State of See Line 6(b)                                                                                                                                                                        |                                          |          |                                                                                            |  |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report |                                                    | (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 M / D D D / Y Y Y Y Y Y in the State of See Line 6(b)                                                                                                                                                                        |                                          |          |                                                                                            |  |
| 6. Covered Period(s)                                                                                            |                                                    | (a) Quarterly/Monthly/Pre-/Post-Election Covered Period                                                                                                                                                                                      |                                          |          | (b) Semi-annual Covered Period                                                             |  |
| This report covers                                                                                              |                                                    | M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y and/or                                                                                                                                                                       |                                          |          | <input type="checkbox"/> January 1 - June 30 <input type="checkbox"/> July 1 - December 31 |  |
|                                                                                                                 |                                                    | 07 01 2024 09 30 2024                                                                                                                                                                                                                        |                                          |          |                                                                                            |  |
| 7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs                  |                                                    | (a) Quarterly/Monthly/Pre-/Post-Election Covered Period                                                                                                                                                                                      |                                          |          | (b) Semi-annual Covered Period                                                             |  |
|                                                                                                                 |                                                    | 0.00                                                                                                                                                                                                                                         |                                          |          |                                                                                            |  |

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 Jackson, Sue, , ,

Signature of Treasurer Jackson, Sue, , , Date 10 15 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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