PAGE 1 / 50

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3P BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

| | -OR THE OFFICE OF PRESIDE | ENT OR VICE PRESIDENT | Office Use Only |
|----------------------------|-------------------------------------|---|---|
| 1. NAME OF COMMIT | TTEE (in full, type or print) | Example: If typing, typ | pe over the lines. 12FE4M5 |
| Howie Hawkin | s for Our Future | | |
| | | | |
| ADDRESS (number and str | Post Office Box 562 | | |
| Check if di | | | |
| than previous reported. (A | ACC) Syracuse | TY | NY 13205 - STATE ZIP CODE |
| 2. FEC IDENTIFICATION | | | |
| 3. TYPE OF REPORT | (Choose One) | Check | k here if this is a Termination Report (TER) |
| Qua | rterly Reports: | | Monthly Reports: |
| April 15 (Q1) | October 15 (Q3) | x Feb 20 (M2) May 2 | 20 (M5) Aug 20 (M8) Nov 20 (M11) |
| July 15 (Q2) | January 31 Year-End Report (YE) | H | 20 (M6) Sep 20 (M9) Dec 20 (M12) |
| | | Apr 20 (M4) Jul 20 | O (M7) Oct 20 (M10)) Jan 31 (YE) |
| 12-Day Pre-Election | n Report for the Election on | M M | Post-Election Report for the General Election on |
| 4. IS THIS REPORT A | AN AMENDMENT? yes no | | |
| 5. COVERING PERIO | D 01 / 01 / 20 | 21 THROUGH 01 | 31 2021 |
| I certify that I have exam | ined this Report and to the best of | my knowledge and belief it is tr | ue, correct and complete. |
| Type or Print Name of Tre | Christal, Travis, , , easurer | | |
| Signature of Treasurer | Christal, Travis, , , | [Electronically Filed] | Date 02 / 23 / 2021 |
| NOTE: Submission of fals | | on may subject the person signing form are obsolete and should no I | this Report to the penalties of 52 U.S.C. §30108 onger be used. |
| Office Use Only | | | |

FEC Form 3P (Rev. 05/2016)

Write or Type Committee Name

Howie Hawkins for Our Future

Report Covering the Period: From: 01 01 2021 To: 01 31 2021

SUMMARY

| 6. | CASH ON HAND AT BEGINNING OF REPORTING PERIOD | 17920.12 |
|-----|---|-----------|
| 7. | TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) | 3653.26 |
| 8. | SUBTOTAL (Lines 6 and 7) | 21573.38 |
| 9. | TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4) | 15666.82 |
| 10. | CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8) | 5906.56 |
| 11. | DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) | 0.00 |
| 12. | DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) | 138194.90 |
| 13. | EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.) | 0.00 |

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

| 14. | NET CONTRIBUTIONS (Other than Loans) | | | | | | | |
|-----|--|---|-----|---|---|---|----------|--|
| | (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3) | Ι | | Ι | Ξ | | 14281.59 | |
| 15. | NET OPERATING EXPENDITURES | | | | | | | |
| | (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4) | | | | | | 37233.23 | |
| | | _ | -1- | | _ | 4 | | |

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016) of Receipts PAGE 3 / 50 NAME OF COMMITEE (in Full) Howie Hawkins for Our Future M 01 M 01 M 01 31 ž021[°] 2021 Report Covering the Period: To: From:

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|---|
| 16. FEDERAL FUNDS (Itemize on Sche | odule A-P) | 0.00 |
| 17. CONTRIBUTIONS (other than loans(a) Individuals/Persons Other Th Committees | | |
| (i) itemized | 507.50 | 1591.00 |
| (ii) unitemized | 3145.76 | 12931.19 |
| (iii) Total contributions | 3653.26 | 14522.19 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 0.00 |
| (d) The Candidate | | 0.00 |
| (e) TOTAL CONTRIBUTIONS (ot (Add 17(a), 17(b), 17(c) and 1 | | 14522.19 |
| 8. TRANSFERS FROM OTHER AUTHOR COMMITTEES | | 0.00 |
| 9. LOANS RECEIVED: | | , |
| (a) Loans Received From or Gua | | 0.00 |
| (b) Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOANS (Add 19(a) an | d 19(b) | 0.00 |
| 0. OFFSETS TO EXPENDITURES | | , |
| (Refunds, Rebates, etc.): (a) Operating | 0.00 | 1055.00 |
| (b) Fundraising | 0.00 | 0.00 |
| (c) Legal and Accounting | 0.00 | 0.00 |
| (d) TOTAL OFFSETS TO EXPEN (Add 20(a), 20(b) and 20(c)) | | 1055.00 |
| 1. OTHER RECEIPTS (Dividends, Inte | rest, etc.) 0.00 | 25.75 |
| | | |
| 2. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and | 21) | 15602.94 |

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016) of Disbursements and Contributed Items PAGE 4 / 50 NAME OF COMMITEE (in Full) Howie Hawkins for Our Future ^D 01^D 31 M 01 M 2021 М 01 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 23. OPERATING EXPENDITURES...... 15666.82 38288.23 24. TRANSFERS TO OTHER **AUTHORIZED COMMITTEES** 0.00 0.00 0.00 0.00 25. FUNDRAISING DISBURSEMENTS ... 26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS...... 0.00 0.00 27. LOAN REPAYMENTS MADE: Repayments of Loans made or Guaranteed by Candidate..... 0.00 0.00 (b) Other Repayments 0.00 0.00 TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))..... 0.00 0.00 28. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees..... 0.00 240.60 (b) Political Party Committees...... 0.00 0.00 (c) Other Political Committees 0.00 0.00 TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) 0.00 240.60 29. OTHER DISBURSEMENTS 0.00 0.00 30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) 38528.83 15666.82 III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.) 31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)

FEC **Form 3P** (Rev. 05/2016) Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 5

| 1. NAME OF COMMITTEE (| in full, type or print) | 2. FEC I | DENT | TFIC/ | ATIC | N N | UM | BEF | 3 | С | C | 007 | 080 | 24 | Ī | | |
|-----------------------------|-------------------------|----------|------|-------|------|-----|----|-----|------|---|-----|-----|-----|----|-----|---|---|
| Howie Hawkins for C | Our Future | | | | | 1 1 | | | | | | | | | | | |
| | <u> </u> | | | | | 1 1 | | | | | | | | | | | |
| ADDRESS (number and street) | Post Office Box 562 | | | | | | | | | | | | | | | | Ш |
| | | | | | | | | | | | | | | | | | |
| | Syracuse | | | | | | | N | Υ | L | 132 | 05 | | | | | |
| | | CITY | | | | | | S1 | TATE | | | | ZI | РC | ODI | Ε | |
| 3. NAME OF CANDIDATE | | | | | | | | | | | | | | | | | |

ALLOCATION BY STATE

| STATE | ALLOCATION This Period | TOTAL ALLOCATION To Date |
|----------------------|------------------------|--------------------------|
| Alabama | 0.00 | 0.00 |
| Alaska | 0.00 | 0.00 |
| Arizona | 0.00 | 0.00 |
| Arkansas | 0.00 | 0.00 |
| California | 0.00 | 0.00 |
| Colorado | 0.00 | 0.00 |
| Connecticut | 0.00 | 0.00 |
| Delaware | 0.00 | 0.00 |
| District of Columbia | 0.00 | 0.00 |
| Florida | 0.00 | 0.00 |
| Georgia | 0.00 | 0.00 |
| Hawaii | 0.00 | 0.00 |
| Idaho | 0.00 | 0.00 |
| Illinois | 0.00 | 0.00 |

Image# 202102249428818753 PAGE 6 / 50

Page 6

STATE ALLOCATION This Period TOTAL ALLOCATION To Date Indiana 0.00 0.00 0.00 0.00 Iowa Kansas 0.00 0.00 Kentucky 0.00 0.00 Louisiana 0.00 0.00 Maine 0.00 0.00 0.00 Maryland 0.00 Massachusetts 0.00 0.00 0.00 0.00 Michigan Minnesota 0.00 0.00 0.00 Mississippi 0.00 0.00 Missouri 0.00 0.00 0.00 Montana 0.00 Nebraska 0.00 Nevada 0.00 0.00 New Hampshire 0.00 0.00 New Jersey 0.00 0.00 New Mexico 0.00 0.00 New York 0.00 0.00 0.00 North Carolina 0.00 North Dakota 0.00 Ohio 0.00 0.00 Oklahoma 0.00 0.00 0.00 Oregon 0.00 0.00 0.00 Pennsylvania

Image# 202102249428818754 PAGE 7 / 50

| STATE | ALLOCATION This Period | TOTAL ALLOCATION To Date | Page 7 |
|----------------|------------------------|--------------------------|--------|
| Rhode Island | 0.00 | 0.00 | |
| South Carolina | 0.00 | 0.00 | |
| South Dakota | 0.00 | 0.00 | |
| Tennessee | 0.00 | 0.00 | |
| Texas | 0.00 | 0.00 | |
| Utah | 0.00 | 0.00 | |
| Vermont | 0.00 | 0.00 | |
| Virginia | 0.00 | 0.00 | |
| Washington | 0.00 | 0.00 | |
| West Virginia | 0.00 | 0.00 | |
| Wisconsin | 0.00 | 0.00 | |
| Wyoming | 0.00 | 0.00 | |
| Puerto Rico | 0.00 | 0.00 | |
| Guam | 0.00 | 0.00 | |
| Virgin Islands | 0.00 | 0.00 | |
| TOTALS | 0.00 | 0.00 | |

SCHEDULE A-P ITEMIZED RECEIPTS

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

| FOR LINE NUMBER: (check only one) | | | | | | Р | PAGE 8 / 50 | | | | | | |
|-----------------------------------|-----|---|-----|--|-----|---|-------------|--|-----|--|----|--|--|
| Ì | 16 | × | 17a | | 17b | | 17c | | 17d | | 18 | | |
| | 19a | | 19b | | 20a | | 20b | | 20c | | 2- | | |

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)

| Full Name (Last, First, Middle Initial) Byrnes, James, , , Mailing Address 2 Enterprise Apt 8113 | yrnes, James, , , | | | | | | |
|--|---------------------------|------------------------|--|--|--|--|--|
| City | State | Zip Code | 01 11 2021 | | | | |
| Aliso Viejo | CA | 92656 | | | | | |
| FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | | | |
| Name of Employer Avanir Pharmaceuticals | Occupation Systems Man | ager | 257.50 | | | | |
| Receipt For: 2024 | - | | 7 7 | | | | |
| ▼ Primary General Other (specify) ▼ | Election Cycl | le-to-Date ▼ 257.50 | Memo Item | | | | |
| Full Name (Last, First, Middle Initial) Shoup, Laurence, , , | | | Transaction ID : A-386695 Date of Receipt | | | | |
| Mailing Address 609 Aileen | | | 01 22 2021 | | | | |
| City Oakland | State CA | Zip Code 94609 | | | | | |
| FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | | | |
| Name of Employer Retired | Occupation retired | | 250.00 | | | | |
| Receipt For: 2024 | Election Cycl | le-to-Date 250.00 | Memo Item | | | | |
| Full Name (Last, First, Middle Initial) | Date of Receipt | | | | | | |
| Mailing Address | | | M M / D D / Y Y Y Y | | | | |
| City | State | Zip Code | | | | | |
| FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | | | |
| Name of Employer | Occupation | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Election Cycl | le-to-Date | Memo Item | | | | |
| Subtotal Of Receipts This Page | (optional) | | 507.50 | | | | |
| Total This Period (last page this | line number only) | | 507.50 | | | | |

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

| - | FOR LINE NUMBER: (check only one) | | | | | : | PA | GE 9 | / 50 |) |
|---|-----------------------------------|-----|--|-----|--|-----|----|------|------|-----|
| | | | | | | | | | | 1 |
| | X | 23 | | 24 | | 25 | | 26 | | 27a |
| | | 27b | | 28a | | 28b | | 28c | | 29 |

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) Howie Hawkins for Our Future Full Name (Last, First, Middle Initial) Date of Disbursement A. Basecamp LLC Mailing Address 30 North Racine Ave 01 27 2021 #200 City State Zip Code **FEC Identification Number** ΙL 60607 Chicago C Purpose of Disbursement project mgt software Transaction ID: B-386720 Candidate Name Amount of Each Disbursement this Period Category/ Type 99.00 Disbursement For: 2024 Office Sought: House General Senate Primary President Other (specify) Memo Item State: District: Full Name (Last, First, Middle Initial) B. Blankenhorn, Chris, M,, Date of Disbursement Mailing Address 821 N 5th 01 2021 28 City State Zip Code **FEC Identification Number** 62702 Springfield Purpose of Disbursement digital director Transaction ID: B-386713 Candidate Name Amount of Each Disbursement this Period Category/ Type 500.00 Office Sought: Disbursement For: 2024 House General Senate Primary President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) c. Christal, Travis, , , Date of Disbursement Mailing Address 14525 McCarran Ave 01 01 2021 City State Zip Code **FEC Identification Number** 76155 Fort Worth TX Purpose of Disbursement Treasurer Transaction ID: B-386715 Candidate Name Amount of Each Disbursement this Period Category/ Type 500.00 Office Sought: Disbursement For: 2024 House Senate Primary General President Other (specify) Memo Item State: District: Subtotal Of Receipts This Page (optional)..... 1099.00 Total This Period (last page this line number only)).....

| SCHEDULE | B-P |
|-----------------|---------------|
| ITEMIZED D | DISBURSEMENTS |

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

| FOR LINE NUMBER: (check only one) | | | | | | PA | GE 10 | O / 5 | 50 | |
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| X | 23 | | 24 | | 25 | | 27a | | | |
| | 27b | | 28a | | 28b | | 28c | | 29 | |

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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) Howie Hawkins for Our Future Full Name (Last, First, Middle Initial) Date of Disbursement A. Christal, Travis, , , Mailing Address 14525 McCarran Ave 01 28 2021 City State Zip Code **FEC Identification Number** Fort Worth TX 76155 C Purpose of Disbursement Treasurer Transaction ID: B-386711 Candidate Name Amount of Each Disbursement this Period Category/ Type 500.00 Disbursement For: 2024 Office Sought: House General Senate Primary Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. eApps Hosting Date of Disbursement Mailing Address 7742 Spalding Drive #363 01 2021 01 City State Zip Code **FEC Identification Number** 30092 Norcross GΑ Purpose of Disbursement hosting Transaction ID: B-386719 Candidate Name Amount of Each Disbursement this Period Category/ Type 100.95 Office Sought: Disbursement For: 2024 House Primary General Senate President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) c. Financial Innovations, Inc. Date of Disbursement Mailing Address 1 Weingeroff Blvd. 01 05 2021 City State Zip Code **FEC Identification Number** 02910 Cranston RΙ Purpose of Disbursement merch Transaction ID: B-386702 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: 2020 House 3674.23 ✗ General Senate Primary President Other (specify) Memo Item State: District: Subtotal Of Receipts This Page (optional)..... 4275.18 Total This Period (last page this line number only)).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

| FOR LINE NUMBER: (check only one) | | | | | | | | PAGE 11 / 50 | | | |
|-----------------------------------|--|-----|---|-----|--|-----|--|--------------|--|-----|---|
| | | 23 | , | 24 | | 25 | | 26 | | 27a | • |
| | | 27b | | 28a | | 28b | | 28c | | 29 | |

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) Howie Hawkins for Our Future Full Name (Last, First, Middle Initial) Date of Disbursement A. Financial Innovations, Inc. Mailing Address 1 Weingeroff Blvd. 01 05 2021 City State Zip Code **FEC Identification Number** RΙ 02910 Cranston C Purpose of Disbursement merch Transaction ID: B-386703 Candidate Name Amount of Each Disbursement this Period Category/ Type 4461.56 Disbursement For: 2020 Office Sought: House ✗ General Senate Primary President Other (specify) Memo Item District: State: Full Name (Last, First, Middle Initial) Financial Innovations, Inc. Date of Disbursement Mailing Address 1 Weingeroff Blvd. 01 2021 05 City State Zip Code **FEC Identification Number** 02910 Cranston RΙ Purpose of Disbursement Transaction ID: B-386704 Candidate Name Amount of Each Disbursement this Period Category/ Type 155.23 Office Sought: Disbursement For: 2020 House ✗ General Senate Primary President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) c. Financial Innovations, Inc. Date of Disbursement Mailing Address 1 Weingeroff Blvd. 01 05 2021 City State Zip Code **FEC Identification Number** 02910 Cranston RΙ Purpose of Disbursement merch Transaction ID: B-386705 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: 2024 House 1034.84 Senate Primary General President Other (specify) Memo Item State: District: Subtotal Of Receipts This Page (optional)..... 5651.63 Total This Period (last page this line number only)).....

| SCHEDULE B-P | |
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| ITEMIZED DISBURSEMENTS | S |

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

| - | | RLIN ecko | NUMB one) | ER | | PAGE 12 / 50 | | | | |
|---|---|--------------|------------------|----|-----|--------------|-----|--|----|--|
| | × | 23 | 24 | | 25 | 26 27a | | | | |
| | | 27b | 28a | | 28b | | 28c | | 29 | |

| | | | | | | | son for the purpose of soliciting contributions to solicit contributions from such committee. | | | |
|---|---|-----------------------------------|-------------------|--|-------------------|-------------------|---|--|--|--|
| \rangle | NAME OF COMMIT Howie Hawki | ITEE (In Full) ins for Our Fu | ture | | | | | | | |
| ١. | Full Name (Last, Financial Inne | | | | | | Date of Disbursement | | | |
| | Mailing Address 1 | Weingeroff Blvd. | | | | | 01 05 2021 | | | |
| | City Cranston | | | State RI | Zip Code 02910 | | FEC Identification Number | | | |
| | Purpose of Disburs merch | sement | | | | | Transaction ID : B-386706 | | | |
| | Candidate Name | | Category/ Type | Amount of Each Disbursement this Period 362.19 | | | | | | |
| | Office Sought: | House Senate President | Disburs | ement For: 2024 Primary Other (specify) | General | | Memo Item | | | |
| | State: [Full Name (Last, Fi | District: rst, Middle Initial) | | | | | | | | |
| 3. | Google LLC | , | | | | | Date of Disbursement | | | |
| | Mailing Address 16 | 600 Amphitheatre P | 01 01 2021 | | | | | | | |
| | City Mountain View | | | State | Zip Code 94043 | | FEC Identification Number | | | |
| | Purpose of Disburs G-Suite | sement | | CA | 94043 | | C | | | |
| | Candidate Name | | | | | Category/ Type | Transaction ID: B-386718 Amount of Each Disbursement this Period | | | |
| | Office Sought: | House Senate President | Disburs | ement For: 2024 Primary Other (specify) | General | | 233.28 Memo Item | | | |
| | | District: | | | | | | | | |
| ۶. | Full Name (Last, Find GreenGeeks | • | | | | | Date of Disbursement | | | |
| | Mailing Address 11 | 158 26th St 146 | | | | | 01 / 28 / Y Y Y Y Y 2021 | | | |
| | City | | | State CA | Zip Code 90403 | | FEC Identification Number | | | |
| | Santa Monica Purpose of Disburs hosting | sement | | C | | | | | | |
| Candidate Name Category/ | | | | | | | Transaction ID : B-386701 Amount of Each Disbursement this Period | | | |
| Office Sought: House Disbursement For: 2024 Senate President Disbursement For: 2024 Other (specify) | | | | | | | 169.95 | | | |
| | State: | District: | | | V | | Memo Item | | | |
| | Subtotal Of Rece | eipts This Page | (optional). | | | | 765.42 | | | |
| | Total This Period | (last page this l | ine numb | er only)) | | | | | | |

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

| FO | R LIN | E١ | NUMB | ER: | : | PAGE 13 / 50 | | | | |
|------|-------------------|-----|------|-----|-----|--------------|-----|--|----|--|
| (che | eck o | nly | one) | | | | | | | |
| X | x 23 24 25 | | | | 25 | 26 27a | | | | |
| | 27b | | 28a | | 28b | | 28c | | 29 | |

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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) Howie Hawkins for Our Future Full Name (Last, First, Middle Initial) Date of Disbursement A. Merida, Andrea, E., , Mailing Address 1132 N Washington St 01 01 2021 City State Zip Code **FEC Identification Number** CO 80203 Denver C Purpose of Disbursement campaign manager Transaction ID: B-386716 Candidate Name Amount of Each Disbursement this Period Category/ Type 500.00 Disbursement For: 2024 Office Sought: House General Senate Primary Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. Merida, Andrea, E., , Date of Disbursement Mailing Address 1132 N Washington St 01 2021 28 City State Zip Code **FEC Identification Number** 80203 Denver CO Purpose of Disbursement campaign manager Transaction ID: B-386712 Candidate Name Amount of Each Disbursement this Period Category/ Type 500.00 Office Sought: Disbursement For: 2024 House General Senate Primary President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Rodino, Virginia, , , Mailing Address 7251 Dockside Lane 01 06 2021 City State Zip Code **FEC Identification Number** 21045 Columbia MD Purpose of Disbursement press sec Transaction ID: B-386707 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: 2020 250.00 House Senate Primary ✗ General President Other (specify) Memo Item State: District: Subtotal Of Receipts This Page (optional)..... 1250.00 Total This Period (last page this line number only)).....

| SCHEDULE B-P | |
|----------------|-----------|
| ITEMIZED DISBI | IRSEMENTS |

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

| | R LIN eck o | | BER | : [| PAGE 14 / 50 | | | | |
|---|----------------|------|-----|-----|--------------|-----|--|-----|--|
| × | 23 | 24 | | 25 | | 26 | | 27a | |
| | 27b | 28a | | 28b | | 28c | | 29 | |

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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) Howie Hawkins for Our Future Full Name (Last, First, Middle Initial) Date of Disbursement A. Rodino, Virginia, , , Mailing Address 7251 Dockside Lane 01 06 2021 City Zip Code State **FEC Identification Number** Columbia MD 21045 C Purpose of Disbursement press sec Transaction ID: B-386708 Candidate Name Amount of Each Disbursement this Period Category/ Type 250.00 Disbursement For: 2020 Office Sought: House ✗ General Senate Primary Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. Rodino, Virginia, , , Date of Disbursement Mailing Address 7251 Dockside Lane 01 2021 06 City State Zip Code **FEC Identification Number** 21045 Columbia MD Purpose of Disbursement press sec Transaction ID: B-386709 Candidate Name Amount of Each Disbursement this Period Category/ Type 125.00 Office Sought: Disbursement For: 2020 House ✗ General Senate Primary President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) c. Rodino, Virginia, , , Date of Disbursement Mailing Address 7251 Dockside Lane 01 06 2021 City State Zip Code FEC Identification Number 21045 Columbia MD Purpose of Disbursement press sec Transaction ID: B-386710 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: 2020 500.00 House ✗ General Senate Primary President Other (specify) Memo Item State: District: Subtotal Of Receipts This Page (optional)..... 875.00 Total This Period (last page this line number only)).....

| SCHEDULE B-P | |
|-----------------------|---|
| ITEMIZED DISBURSEMENT | S |

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

| | | | NUMB | ER: | : | PAGE 15 / 50 | | | | |
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| (che | eck o | nly | one) | | L | | | | | |
| × | 23 | | 24 | | 25 | 26 27a | | | | |
| | 27b | | 28a | | 28b | | 28c | | 29 | |

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) Howie Hawkins for Our Future Full Name (Last, First, Middle Initial) Date of Disbursement A. Rodino, Virginia, , , Mailing Address 7251 Dockside Lane 01 27 2021 City Zip Code State **FEC Identification Number** Columbia MD 21045 C Purpose of Disbursement press sec Transaction ID: B-386714 Candidate Name Amount of Each Disbursement this Period Category/ Type 500.00 Disbursement For: 2024 Office Sought: House General Senate Primary Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. SendGrid, Inc. Date of Disbursement Mailing Address 1801 California Street 01 2021 06 Suite 500 City State Zip Code **FEC Identification Number** 80202 Denver CO Purpose of Disbursement email marketing software Transaction ID: B-386717 Candidate Name Amount of Each Disbursement this Period Category/ Type 449.00 Office Sought: Disbursement For: 2024 House General Senate Primary President Other (specify) Memo Item State: District: Full Name (Last, First, Middle Initial) c. Stripe Date of Disbursement Mailing Address 510 Townsend Street 01 31 2021 City State Zip Code FEC Identification Number 94103 San Francisco CA Purpose of Disbursement Stripe fees Jan 2021 Transaction ID: B-386696 Candidate Name Amount of Each Disbursement this Period Category/ Type 124.92 Office Sought: Disbursement For: 2024 House Senate Primary General President Other (specify) Memo Item State: District: Subtotal Of Receipts This Page (optional)..... 1073.92 Total This Period (last page this line number only)).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

| FO | R LIN | E١ | NUMB | ER: | : | PAGE 16 / 50 | | | | |
|------|-------------------|-----|------|-----|-----|--------------|-----|--|----|--|
| (che | eck o | nly | one) | | | | | | | |
| X | x 23 24 25 | | | | 25 | 26 27a | | | | |
| | 27b | | 28a | | 28b | | 28c | | 29 | |

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) Howie Hawkins for Our Future Full Name (Last, First, Middle Initial) Date of Disbursement A. Zoom Video Communications Inc. Mailing Address 55 Almaden Blvd 01 30 2021 6th Floor City State Zip Code **FEC Identification Number** CA 95113 San Jose C Purpose of Disbursement Zoom webinar subscription Transaction ID: B-386698 Candidate Name Amount of Each Disbursement this Period Category/ Type 239.88 Disbursement For: 2024 Office Sought: House General Senate Primary President Other (specify) Memo Item District: State: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) Memo Item State: District: Subtotal Of Receipts This Page (optional)..... 239.88 Total This Period (last page this line number only))..... 15230.03

(Use separate schedule(s) for each numbered line) PAGE 17 / 50

FOR LINE NUMBER: (check only one)

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | | | | | | | |
|---|--|----------------------------|---|--|--|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of Debt (Purpose): estimate CiviCRM database development contractors Nov 1 - Nov 3 | | | | | | |
| Mailing Address 790 East Market Street | Mailing Address 790 East Market Street | | | | | | | | |
| Suite 100 | | | | | | | | | |
| City West Chester | State PA | Zip Code 19382 | | | | | | | |
| Outstanding Balance Beginning This Period | ' | - | Transaction ID : D-361131 | | | | | | |
| 50.00 | | | | | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | | | | | |
| 0.00 | 7 | 0.00 | 50.00 | | | | | | |
| B. Full Name (Last, First, Middle Initial) of Debtor BackOffice Thinking | Nature of Debt (Purpose): estimate CiviCRM database development contractors Nov 4 - Nov 23 | | | | | | | | |
| Mailing Address 790 East Market Street Suite 100 | | | | | | | | | |
| City West Chester | State PA | Zip Code 19382 | | | | | | | |
| Outstanding Balance Beginning This Period 300.00 | 300.00 | | | | | | | | |
| Amount Incurred This Period | Outstanding Balance at Close of This Period | | | | | | | | |
| 0.00 | 0.00 | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) of Debtor Blankenhorn, Chris, M, , | or or Creditor | | Nature of Debt (Purpose): Social Media and graphics contractor | | | | | | |
| Mailing Address 821 N 5th | | | | | | | | | |
| City Springfield | State IL | Zip Code 62702 | | | | | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-27321 | | | | | | |
| 3000.00 | | | | | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | | | | | |
| 0.00 | 9 | 0.00 | 3000.00 | | | | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | 3350.00 | | | | | | |
| 2) TOTALS This Period (last page this line number | only) | | | | | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | | | | | | | |
| 4) ADD 2) and 3) and carry forward to appropriate | e line of Summ | nary Page (last page only) | | | | | | | |

(Use separate schedule(s) for each numbered line) PAGE 18 / 50

FOR LINE NUMBER: (check only one)

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | | | |
|---|----------------|-------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor Blankenhorn, Chris, M, , | or Creditor | | Nature of Debt (Purpose): social media / graphics Q1 2020 | | |
| Mailing Address 821 N 5th | | | | | |
| City Springfield | State IL | Zip Code 62702 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-43588 | | |
| 3000.00 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | - 7 | 0.00 | 3000.00 | | |
| B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of Debt (Purpose): | | |
| Blankenhorn, Chris, M, , | | | social media / graphics April | | |
| Mailing Address 821 N 5th | | | | | |
| City Springfield | State IL | Zip Code 62702 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-51014 | | |
| 2000.00 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | 7 | 0.00 | 2000.00 | | |
| C. Full Name (Last, First, Middle Initial) of Debtor Blankenhorn, Chris, M, , | or Creditor | | Nature of Debt (Purpose): social media / graphics May | | |
| Mailing Address 821 N 5th | | | | | |
| City Springfield | State IL | Zip Code 62702 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-84191 | | |
| 2000.00 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | | 0.00 | 2000.00 | | |
| 1) SUBTOTALS This Period This Page (optional) | | | 7000.00 | | |
| 2) TOTALS This Period (last page this line number | only) | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C | C-P (last page | e only) | | | |
| 4) ADD 2) and 3) and carry forward to appropriate | | | | | |

(Use separate schedule(s) for each numbered line) PAGE 19 / 50

FOR LINE NUMBER: (check only one)

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | | | |
|---|--|----------------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Debte Blankenhorn, Chris, M, , | A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blankenhorn, Chris, M, , | | | | |
| Mailing Address 821 N 5th | | | | | |
| City | State | Zip Code | | | |
| Springfield | IL | 62702 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-90160 | | |
| 2000.00 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | 7 | 0.00 | 2000.00 | | |
| B. Full Name (Last, First, Middle Initial) of Debto | r or Creditor | | Nature of Debt (Purpose): | | |
| Blankenhorn, Chris, M, , | | | social media / graphics Júly | | |
| Mailing Address 821 N 5th | | | | | |
| City | State | Zip Code | _ | | |
| Springfield | IL | 62702 | | | |
| Outstanding Balance Beginning This Period | Transaction ID: D-90218 | | | | |
| 2000.00 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | , | 0.00 | 2000.00 | | |
| C. Full Name (Last, First, Middle Initial) of Debter Blankenhorn, Chris, M, , | or or Creditor | | Nature of Debt (Purpose): social media / graphics Aug1-24 | | |
| | | | | | |
| Mailing Address 821 N 5th | | | | | |
| City | State | Zip Code | | | |
| Springfield | IL | 62702 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-90247 | | |
| 1548.00 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | 7 | 0.00 | 1548.00 | | |
| 1) SUBTOTALS This Period This Page (optional) | | | 5548.00 | | |
| TOTALS This Period (last page this line number only) | | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | | | |
| A) ADD 2) and 2) and sown forward to approximate | a line of Com- | ioni Pago (last nace arti) | | | |
| 4) ADD 2) and 3) and carry forward to appropriate | | | | | |

(Use separate schedule(s) for each numbered line) PAGE 20 / 50

FOR LINE NUMBER: 11 (check only one) 12

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | |
|---|--|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debt Blankenhorn, Chris, M, , | Nature of Debt (Purpose): social media / tech director Sept | | |
| Mailing Address 821 N 5th | | | |
| City Springfield | State IL | Zip Code 62702 | |
| Outstanding Balance Beginning This Period 2000.00 | | | Transaction ID : D-314468 |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 7 | 0.00 | 2000.00 |
| B. Full Name (Last, First, Middle Initial) of Debto Christal, Travis, , , | or or Creditor | | Nature of Debt (Purpose): Treasurer contractor |
| Mailing Address 14525 McCarran Ave | | | |
| City Fort Worth | State TX | Zip Code 76155 | |
| Outstanding Balance Beginning This Period | · | | Transaction ID : D-27315 |
| Amount Incurred This Period 0.00 | Pa | yment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |
| C. Full Name (Last, First, Middle Initial) of Debt Christal, Travis, , , | or or Creditor | | Nature of Debt (Purpose): Treasurer Q1 2020 |
| Mailing Address 14525 McCarran Ave | | | |
| City Fort Worth | State TX | Zip Code 76155 | |
| Outstanding Balance Beginning This Period 3000.00 | | | Transaction ID : D-43585 |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 7 | 0.00 | 3000.00 |
| 1) SUBTOTALS This Period This Page (optional) | | | 8000.00 |
| 2) TOTALS This Period (last page this line number | r only) | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | |
| 4) ADD 2) and 3) and carry forward to appropriat | | | |

(Use separate schedule(s) for each numbered line) PAGE 21 / 50

FOR LINE NUMBER: (check only one)

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | · | | | |
|--|------------------------------------|-----------------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Debto Christal, Travis, , , | r or Creditor | | Nature of Debt (Purpose): Treasurer April | | |
| Mailing Address 14525 McCarran Ave | Mailing Address 14525 McCarran Ave | | | | |
| City Fort Worth | State TX | Zip Code 76155 | | | |
| Outstanding Balance Beginning This Period 2000.00 | | | Transaction ID : D-51013 | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | , | 0.00 | 2000.00 | | |
| B. Full Name (Last, First, Middle Initial) of Debtor Christal, Travis, , , | or Creditor | | Nature of Debt (Purpose): Treasurer May | | |
| Mailing Address 14525 McCarran Ave | | | | | |
| City Fort Worth | State TX | Zip Code 76155 | | | |
| Outstanding Balance Beginning This Period 2000.00 | | | Transaction ID : D-84192 | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | | 0.00 | 2000.00 | | |
| C. Full Name (Last, First, Middle Initial) of Debto Christal, Travis, , , | r or Creditor | | Nature of Debt (Purpose): Treasurer June | | |
| Mailing Address 14525 McCarran Ave | | | | | |
| City Fort Worth | State TX | Zip Code 76155 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-90156 | | |
| 2000.00 Amount Incurred This Period | Pa | lyment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | , | 0.00 | 2000.00 | | |
| 1) SUBTOTALS This Period This Page (optional) | | | 6000.00 | | |
| 2) TOTALS This Period (last page this line number | only) | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule (| C-P (last page | e only) | | | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | nary Page (last page only). | | | |

SCHEDULE D-P

(Use separate schedule(s) for each

PAGE 22 / 50

5000.00

DEBTS AND OBLIGATIONS (Excluding Loans) FOR LINE NUMBER: 11 numbered line) (check only one) X 12 NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Treasurer July Christal, Travis, , , Mailing Address 14525 McCarran Ave City State Zip Code Fort Worth TX 76155 Outstanding Balance Beginning This Period Transaction ID: D-90219 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Treasurer Aug1-24 Christal, Travis, , , Mailing Address 14525 McCarran Ave City State Zip Code 76155 Fort Worth TX Outstanding Balance Beginning This Period Transaction ID: D-90245 1548.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 1548.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Treasurer Aug25-31 Christal, Travis, , , Mailing Address 14525 McCarran Ave City State Zip Code 76155 Fort Worth TX Outstanding Balance Beginning This Period Transaction ID: D-280982 452.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 452.00 1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)......

(Use separate schedule(s) for each numbered line) PAGE 23 / 50

FOR LINE NUMBER: 11 (check only one) 12

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | | |
|--|--|-------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Debto Christal, Travis, , , | r or Creditor | | Nature of Debt (Purpose): Treasurer Sept | |
| Mailing Address 14525 McCarran Ave | | | | |
| City Fort Worth | State TX | Zip Code 76155 | | |
| Outstanding Balance Beginning This Period 2000.00 | | | Transaction ID : D-314466 | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | , | 0.00 | 2000.00 | |
| B. Full Name (Last, First, Middle Initial) of Debtor Christal, Travis, , , Mailing Address 14525 McCarran Ave | Nature of Debt (Purpose): reimbursement owed - Travis advanced \$300 to H&R block for 2020 1099 work | | | |
| City Fort Worth | State TX | Zip Code 76155 | | |
| Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period | Pa | yment This Period | Transaction ID : D-386690 Outstanding Balance at Close of This Period | |
| 300.00 | , | 0.00 | 300.00 | |
| C. Full Name (Last, First, Middle Initial) of Debtor Financial Innovations, Inc. | or or Creditor | | Nature of Debt (Purpose): e-commerce and merch costs 1st half Oct - estimate | |
| Mailing Address 1 Weingeroff Blvd. | | | | |
| City Cranston | State RI | Zip Code 02910 | | |
| Outstanding Balance Beginning This Period 3674.23 | , | | Transaction ID : D-324631 | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | , | 3674.23 | 0.00 | |
| 1) SUBTOTALS This Period This Page (optional) | | | 2300.00 | |
| 2) TOTALS This Period (last page this line number | only) | | • | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | • | |
| 4) ADD 2) and 3) and carry forward to appropriate | | | | |

(Use separate schedule(s) for each numbered line) PAGE 24 / 50

FOR LINE NUMBER: (check only one)

| | 11 |
|---|----|
| ¥ | 12 |

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | | |
|--|--|----------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) of Debto | A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Financial Innovations, Inc. | | | |
| Mailing Address 1 Weingeroff Blvd. | | | | |
| City Cranston | State Zip Code RI 02910 | | | |
| Outstanding Balance Beginning This Period | | · | Transaction ID : D-366258 | |
| 4192.29 | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | | 0.00 | 4192.29 | |
| B. Full Name (Last, First, Middle Initial) of Debtor Financial Innovations, Inc. | Nature of Debt (Purpose): estimate Oct 15-31 merch costs | | | |
| Mailing Address 1 Weingeroff Blvd. | | | | |
| City Cranston | State RI | Zip Code 02910 | | |
| Outstanding Balance Beginning This Period | Transaction ID : D-361128 | | | |
| 4461.56 | 4461.56 | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | , | 4461.56 | 0.00 | |
| C. Full Name (Last, First, Middle Initial) of Debtor Financial Innovations, Inc. | or or Creditor | | Nature of Debt (Purpose): estimate - merch costs Nov 1 - Nov 3 | |
| Mailing Address 1 Weingeroff Blvd. | | | | |
| City Cranston | State RI | Zip Code 02910 | | |
| Outstanding Balance Beginning This Period | · | · | Transaction ID : D-361126 | |
| 155.23 | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | , | 155.23 | 0.00 | |
| 1) SUBTOTALS This Period This Page (optional) | | | 4192.29 | |
| 2) TOTALS This Period (last page this line number | only) | | • | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | > | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | nary Page (last page only) | | |

(Use separate schedule(s) for each numbered line) PAGE 25 / 50

FOR LINE NUMBER: (check only one)

| Howie Hawkins for Our Future | 0 111 | | | | |
|--|--|----------------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor Financial Innovations, Inc. | r or Creditor | | Nature of Debt (Purpose): estimate Nov4-Nov23 merch costs | | |
| Mailing Address 1 Weingeroff Blvd. | Mailing Address 1 Weingeroff Blvd. | | | | |
| City Cranston | State RI | Zip Code 02910 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-361127 | | |
| 1034.84 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | | 1034.84 | 0.00 | | |
| B. Full Name (Last, First, Middle Initial) of Debtor | Nature of Debt (Purpose): ecommerce merch costs Nov 24 - Nov 30 | | | | |
| Financial Innovations, Inc. | | | | | |
| Mailing Address 1 Weingeroff Blvd. | | | | | |
| City Cranston | State RI | Zip Code 02910 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-366256 | | |
| 362.19 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | | 362.19 | 0.00 | | |
| C. Full Name (Last, First, Middle Initial) of Debto Financial Innovations, Inc. | r or Creditor | | Nature of Debt (Purpose): ecommerce merch December estimate | | |
| Mailing Address 1 Weingeroff Blvd. | | | | | |
| City Cranston | State RI | Zip Code 02910 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-366257 | | |
| 1000.00 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | | 0.00 | 1000.00 | | |
| 1) SUBTOTALS This Period This Page (optional) | | | 1000.00 | | |
| 2) TOTALS This Period (last page this line number | only) | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule (| C-P (last page | only) | | | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | ary Page (last page only). | | | |

(Use separate schedule(s) for each numbered line) PAGE 26 / 50

FOR LINE NUMBER:

| | | | numbered line) | (check only one) | X 12 | |
|--|----------------|--------------------|----------------|--|---------------|--|
| NAME OF COMMITTEE (In Full) | | | | | | |
| Howie Hawkins for Our Future | | | | | | |
| A. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | | Nature of Debt (Purpose): estimate - merch costs Jan 2021 | | |
| Financial Innovations, Inc. | | | Commune | 1101011 00010 0011 2021 | | |
| Mailing Address 1 Weingeroff Blvd. | | | | | | |
| City Cranston | State | Zip Code 02910 | | | | |
| Outstanding Balance Beginning This Period | | 02010 | Transactio | on ID : D-386692 | | |
| 0.00 | | | | | | |
| Amount Incurred This Period | Pa | ayment This Period | Outstandi | ing Balance at Close of | f This Period | |
| 500.00 | , | 0 | .00 | , , | 500.00 | |
| B. Full Name (Last, First, Middle Initial) of Debtor | r or Creditor | | Nature of F | Oobt (Durnasa): | | |
| Hawkins, Howie, , , | | | | Debt (Purpose): d phone for candidate's c | office | |
| Mailing Address 410 West Beard Ave | | | | | | |
| City | State | Zip Code | | | | |
| Syracuse | NY | 13205 | | | | |
| Outstanding Balance Beginning This Period | | | Transact | ion ID : D-84206 | | |
| 114.97 | | | | | | |
| Amount Incurred This Period | Pa | ayment This Period | Outstandi | ing Balance at Close of | f This Period | |
| 0.00 | | | .00 | 7 | 114.97 | |
| C. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of D | Debt (Purpose): | | |
| Hawkins, Howie, , , | | | | ilities for candidate's offic | се | |
| Mailing Address 410 West Beard Ave | | | | | | |
| City | State | Zip Code | | | | |
| Syracuse | NY | 13205 | | | | |
| Outstanding Balance Beginning This Period | | | Transac | tion ID : D-84220 | | |
| 250.00 | | | | | | |
| Amount Incurred This Period | Pa | ayment This Period | Outstandi | ing Balance at Close of | f This Period | |
| 0.00 | | , 0 | .00 | | 250.00 | |
| 1) SUBTOTALS This Period This Page (optional) | | | | | 864.97 | |
| O) TOTALS This David (Inch many this line or other | , anh à | | | 7 | | |
| 2) TOTALS This Period (last page this line number | oniy) | | | 7 | - | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | | | | |

SCHEDULE D-P

(Use separate schedule(s)

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| PEBIS AND OBLIGATIONS (Excludi | = | | for each numbered line) | FOR LINE NUMBER: (check only one) | 11 x 12 |
|---|-------------|----------------------|---------------------------|---|-------------------|
| AME OF COMMITTEE (In Full) Owie Hawkins for Our Future | | | <u>'</u> | | 1 |
| A. Full Name (Last, First, Middle Initial) of Debtor Hawkins, Howie, , , | or Creditor | | | ebt (Purpose): I phone for candidate's o | ffice |
| Mailing Address 410 West Beard Ave | | | | | |
| City | State | Zip Code | | | |
| Syracuse | NY | 13205 | | | |
| Outstanding Balance Beginning This Period 114.97 | | | | on ID : D-84207 | |
| Amount Incurred This Period 0.00 | Pa | yment This Period 0. | Outstandii 00 | ng Balance at Close of | This Period |
| B. Full Name (Last, First, Middle Initial) of Debtor of Hawkins, Howie, , , | or Creditor | | Nature of D rent and util | lebt (Purpose): ities for candidate's office |) |
| Mailing Address 410 West Beard Ave | | | | | |
| City Syracuse | State NY | Zip Code 13205 | | | |
| Outstanding Balance Beginning This Period | | | Transacti | ion ID : D-84222 | |
| 250.00 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstandii | ng Balance at Close of | This Period |
| 0.00 | | 0. | 00 | 2 | 50.00 |
| C. Full Name (Last, First, Middle Initial) of Debtor Hawkins, Howie, , , | or Creditor | | | ebt (Purpose): d phone for candidate's o | ffice |
| Mailing Address 410 West Beard Ave | | | | | |
| City Syracuse | State NY | Zip Code 13205 | | | |
| Outstanding Balance Beginning This Period | | | Transac | tion ID : D-84208 | |
| 114.97 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstandi | ng Balance at Close of | This Period |
| 0.00 | - | 0. | 00 | , 1 | 14.97 |
| SUBTOTALS This Period This Page (optional) | | | | 4 | 79.94 |
| TOTALS This Period (last page this line number of | only) | | | 7 | |
| TOTAL OUTSTANDING LOANS from Schedule C | | | | 7 7 | |

(Use separate schedule(s) for each

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FOR LINE NUMBER:

11 numbered line) (check only one) X 12 NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rent and utilities for candidate's office Hawkins, Howie, , , Mailing Address 410 West Beard Ave City State Zip Code Syracuse NY 13205 Outstanding Balance Beginning This Period Transaction ID: D-84223 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): internet and phone for candidate's office Hawkins, Howie, , , Mailing Address 410 West Beard Ave City State Zip Code 13205 Syracuse NY Outstanding Balance Beginning This Period Transaction ID: D-84209 114.97 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 114.97 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rent and utilities for candidate's office Hawkins, Howie, , , Mailing Address 410 West Beard Ave City State Zip Code 13205 Syracuse NY Outstanding Balance Beginning This Period Transaction ID: D-84224 250.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 250.00 1) SUBTOTALS This Period This Page (optional) 614.97 2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C-P (last page only)......

(Use separate schedule(s) for each

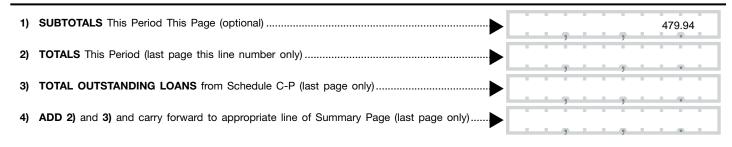
PAGE 29 / 50

Transaction ID: D-84211

Outstanding Balance at Close of This Period

114.97

FOR LINE NUMBER: 11 numbered line) (check only one) X 12 NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): internet and phone for candidate's office Hawkins, Howie, , , Mailing Address 410 West Beard Ave City State Zip Code Syracuse NY 13205 Outstanding Balance Beginning This Period Transaction ID: D-84210 114.97 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 114.97 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rent and utilities for candidate's office Hawkins, Howie, , , Mailing Address 410 West Beard Ave City State Zip Code 13205 Syracuse NY Outstanding Balance Beginning This Period Transaction ID: D-84225 250.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): internet and phone for candidate's office Hawkins, Howie, , , Mailing Address 410 West Beard Ave City State Zip Code 13205 Syracuse NY



Payment This Period

0.00

Outstanding Balance Beginning This Period

Amount Incurred This Period

114.97

0.00

(Use separate schedule(s) for each numbered line) PAGE 30 / 50

FOR LINE NUMBER: (check only one)

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | | |
|---|----------------|---------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of Debt (Purpose): rent and utilities for candidate's office | |
| Mailing Address 410 West Beard Ave | | | | |
| City Syracuse | State | Zip Code 13205 | | |
| Outstanding Balance Beginning This Period | INI | 13203 | Transaction ID : D-84226 | |
| 250.00 | | | Transaction ib . b-64220 | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 7 | 0.00 | 250.00 | |
| B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of Debt (Purpose): | |
| Hawkins, Howie, , , | | | internet and phone for candidate's office | |
| Mailing Address 410 West Beard Ave | | | | |
| City Syracuse | State NY | Zip Code 13205 | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-84212 | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | , | 0.00 | 114.97 | |
| C. Full Name (Last, First, Middle Initial) of Debto Hawkins, Howie, , , | or or Creditor | | Nature of Debt (Purpose): rent and utilities for candidate's office | |
| Mailing Address 410 West Beard Ave | | | | |
| City Syracuse | State NY | Zip Code 13205 | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-84227 | |
| 250.00 | | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | | 0.00 | 250.00 | |
| 1) SUBTOTALS This Period This Page (optional) | | | 614.97 | |
| 2) TOTALS This Period (last page this line number | only) | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | ary Page (last page only) | | |

(Use separate schedule(s) for each numbered line) PAGE 31 / 50

FOR LINE NUMBER: (check only one)

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | | | |
|--|----------------|----------------------------|---|--|--|
| A. Full Name (Last, First, Middle Initial) of Debto Hawkins, Howie, , , | r or Creditor | | Nature of Debt (Purpose): internet and phone for candidate's office | | |
| Mailing Address 410 West Beard Ave | | | | | |
| City Syracuse | State NY | Zip Code 13205 | | | |
| Outstanding Balance Beginning This Period 114.97 | | | Transaction ID : D-84213 | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | , | 0.00 | 114.97 | | |
| B. Full Name (Last, First, Middle Initial) of Debtor Hawkins, Howie, , , Mailing Address 410 West Beard Ave | or Creditor | | Nature of Debt (Purpose): rent and utilities for candidate's office | | |
| City Syracuse | State NY | Zip Code 13205 | | | |
| Outstanding Balance Beginning This Period 250.00 | D- | This David | Transaction ID : D-84228 | | |
| Amount Incurred This Period 0.00 | Pa | yment This Period 0.00 | Outstanding Balance at Close of This Period 250.00 | | |
| C. Full Name (Last, First, Middle Initial) of Debto Hawkins, Howie, , , | or or Creditor | | Nature of Debt (Purpose): internet and phone for candidate's office | | |
| Mailing Address 410 West Beard Ave | | | | | |
| City Syracuse | State NY | Zip Code 13205 | | | |
| Outstanding Balance Beginning This Period | | · | Transaction ID : D-84215 | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| 0.00 | , | 0.00 | 126.97 | | |
| 1) SUBTOTALS This Period This Page (optional) | | | 491.94 | | |
| 2) TOTALS This Period (last page this line number | only) | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | | | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | nary Page (last page only) | | | |

(Use separate schedule(s) for each numbered line) PAGE 32 / 50

FOR LINE NUMBER:

| | | | | numbered line) | (check only one) | X 12 | |
|----|--|-------------|--|----------------|---|---------------|--|
| | ME OF COMMITTEE (In Full) | | | • | | | |
| Hc | owie Hawkins for Our Future | | | | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor Hawkins, Howie, , , | or Creditor | | | Nature of Debt (Purpose): rent and utilities for candidate's office | | |
| _ | Mailing Address 410 West Beard Ave | | | | | | |
| _ | - | - Ia | | | | | |
| | City Syracuse | State NY | Zip Code 13205 | | | | |
| _ | Outstanding Balance Beginning This Period | ' | | Transacti | ion ID : D-84229 | | |
| | 250.00 | | | | | | |
| | Amount Incurred This Period | Pa | ayment This Period | Outstand | ling Balance at Close of | f This Period | |
| | 0.00 | , | 0. | 00 | , , , , , , | 250.00 | |
| | B. Full Name (Last, First, Middle Initial) of Debtor (Hawkins, Howie, , , Mailing Address 410 West Beard Ave | | Debt (Purpose): d phone for candidate's c | office | | | |
| _ | | T- | | | | | |
| | City Syracuse | State NY | Zip Code 13205 | | | | |
| _ | Outstanding Balance Beginning This Period | • | · | Transac | tion ID : D-84216 | | |
| | 126.97 | | | | | | |
| | Amount Incurred This Period | Pa | syment This Period | Outstand | ling Balance at Close of | f This Period | |
| | 0.00 | | 0. | 00 | 7 | 126.97 | |
| _ | C. Full Name (Last, First, Middle Initial) of Debtor Hawkins, Howie, , , Mailing Address 410 West Beard Ave | or Creditor | | | Debt (Purpose): tilities for candidate's offic | ce | |
| - | City | State | Zip Code | | | | |
| - | Syracuse | NY | 13205 | | | | |
| | Outstanding Balance Beginning This Period 250.00 | | | Transa | ction ID : D-84230 | | |
| | Amount Incurred This Period | Pa | syment This Period | Outstand | ling Balance at Close of | This Period | |
| | 0.00 | 7 | 0. | 00 | 7 | 250.00 | |
| 1) | SUBTOTALS This Period This Page (optional) | | | | | 626.97 | |
| 2) | TOTALS This Period (last page this line number of | only) | | | 7 | | |
| 3) | | | | | | | |
| | | | | | 7 | | |

(Use separate schedule(s) for each numbered line) PAGE 33 / 50

FOR LINE NUMBER: (check only one)

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | • | |
|--|---|----------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debto Hawkins, Howie, , , Mailing Address 410 West Beard Ave | Nature of Debt (Purpose): internet and phone for candidate's office | | |
| Mailing Address 410 West Beard / We | | | |
| City Syracuse | State NY | Zip Code 13205 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-84217 |
| 126.97 | | | |
| Amount Incurred This Period | Payment This Period | | Outstanding Balance at Close of This Period |
| 0.00 | , | 0.00 | 126.97 |
| B. Full Name (Last, First, Middle Initial) of Debtor Hawkins, Howie, , , | or Creditor | | Nature of Debt (Purpose): rent and utilities for candidate's office |
| Mailing Address 410 West Beard Ave | | | |
| City Syracuse | State | Zip Code 13205 | |
| Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00 | Pa | yment This Period 0.00 | Transaction ID : D-84231 Outstanding Balance at Close of This Period 250.00 |
| C. Full Name (Last, First, Middle Initial) of Debto Hawkins, Howie, , , Mailing Address 410 West Beard Ave | or or Creditor | | Nature of Debt (Purpose): internet and phone for candidate's office |
| City Syracuse | State NY | Zip Code 13205 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-84218 |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | , | 0.00 | 126.97 |
| SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number | | | 503.94 |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | ary Page (last page only). | ···· > |

(Use separate schedule(s) for each numbered line) PAGE 34 / 50

FOR LINE NUMBER: (check only one)

11 **x** 12

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | |
|--|---------------------|---------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hawkins, Howie, , , | | | Nature of Debt (Purpose): rent and utilities for candidate's office |
| Mailing Address 410 West Beard Ave | | | |
| City Syracuse | State NY | Zip Code 13205 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-84232 |
| 250.00 | | | |
| Amount Incurred This Period | Payment This Period | | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | | 250.00 |
| B. Full Name (Last, First, Middle Initial) of Debto Hawkins, Howie, , , | r or Creditor | | Nature of Debt (Purpose): internet and phone for candidate's office |
| Mailing Address 410 West Beard Ave | | | |
| City Syracuse | State NY | Zip Code 13205 | |
| Outstanding Balance Beginning This Period 126.97 | | | Transaction ID : D-84219 |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hawkins, Howie, , , | | | Nature of Debt (Purpose): rent and utilities for candidate's office |
| | | | |
| City Syracuse | State NY | Zip Code 13205 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-84233 |
| 250.00 | | | |
| Amount Incurred This Period | Payment This Period | | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 250.00 |
| 1) SUBTOTALS This Period This Page (optional) | | | 626.97 |
| 2) TOTALS This Period (last page this line number | only) | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | ary Page (last page only) | |

(Use separate schedule(s) for each numbered line) PAGE 35 / 50

FOR LINE NUMBER: (check only one)

| | 11 |
|---|----|
| X | 12 |

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | · | | |
|--|---------------------|-----------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lester, Gini, , , | | | Nature of Debt (Purpose): Researcher contractor | |
| Mailing Address 1527 Burry Street | | | | |
| City Joliet | State IL | Zip Code 60435 | | |
| Outstanding Balance Beginning This Period 3000.00 | | | Transaction ID : D-27320 | |
| Amount Incurred This Period | Payment This Period | | Outstanding Balance at Close of This Period | |
| 0.00 | , | 0.00 | 3000.00 | |
| B. Full Name (Last, First, Middle Initial) of Debtor Lester, Gini, , , | or Creditor | | Nature of Debt (Purpose): Researcher contractor Q1 2020 | |
| Mailing Address 1527 Burry Street | | | | |
| City Joliet | State IL | Zip Code 60435 | | |
| Outstanding Balance Beginning This Period 3000.00 | | | Transaction ID : D-43589 | |
| Amount Incurred This Period | Pa | ayment This Period | Outstanding Balance at Close of This Perio | |
| 0.00 | 7 | 0.00 | 3000.00 | |
| C. Full Name (Last, First, Middle Initial) of Debto Lester, Gini, , , | or or Creditor | | Nature of Debt (Purpose): Ballot access / researcher consultant April | |
| Mailing Address 1527 Burry Street | | | | |
| City Joliet | State IL | Zip Code 60435 | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-51015 | |
| 2000.00 Amount Incurred This Period | Payment This Period | | Outstanding Balance at Close of This Period | |
| 0.00 | | 0.00 | 2000.00 | |
| 1) SUBTOTALS This Period This Page (optional) | | | 8000.00 | |
| 2) TOTALS This Period (last page this line number | only) | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | - | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | nary Page (last page only). | | |

(Use separate schedule(s) for each numbered line) PAGE 36 / 50

FOR LINE NUMBER: (check only one)

| | 11 |
|---|----|
| X | 12 |

| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lester, Gini, , , | | | Nature of Debt (Purpose): Ballot access / researcher consultant May |
|---|--------------------------|-------------------|--|
| Mailing Address 1527 Burry Street | | | |
| City Joliet | State IL | Zip Code 60435 | |
| Outstanding Balance Beginning This Period | · | | Transaction ID : D-84190 |
| 2000.00 Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | | 2000.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lester, Gini, , , | | | Nature of Debt (Purpose): Ballot access outreach / researcher June |
| Mailing Address 1527 Burry Street | | | |
| City Joliet | State IL | Zip Code 60435 | |
| Outstanding Balance Beginning This Period | · | · | Transaction ID : D-90158 |
| 2000.00 | | | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | | Outstanding Balance at Close of This Period 2000.00 |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lester, Gini, , , | | | Nature of Debt (Purpose): ballot access work July |
| Mailing Address 1527 Burry Street | | | |
| City Joliet | State | Zip Code 60435 | |
| Outstanding Balance Beginning This Period | ' | | Transaction ID : D-90217 |
| 2000.00 | | | |
| Amount Incurred This Period | Payment This Period | | Outstanding Balance at Close of This Period |
| 0.00 | 7 | 0.00 | 2000.00 |
| SUBTOTALS This Period This Page (optional) | | | 6000.00 |
| TOTALS This Period (last page this line number | only) | | |
| (| | | |
| TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | |

(Use separate schedule(s) for each numbered line) PAGE 37 / 50

FOR LINE NUMBER: (check only one)

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | |
|--|--|-----------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debto Lester, Gini, , , | Nature of Debt (Purpose): ballot access work Aug1-Aug24 | | |
| Mailing Address 1527 Burry Street | | | |
| City Joliet | State IL | Zip Code 60435 | |
| Outstanding Balance Beginning This Period | Transaction ID : D-90249 | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 1548.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor Lester, Gini, , , | or Creditor | | Nature of Debt (Purpose): ballot access work Aug25-Aug31 |
| Mailing Address 1527 Burry Street | | | |
| City Joliet | State IL | Zip Code 60435 | |
| Outstanding Balance Beginning This Period 452.00 | | | Transaction ID : D-280980 |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 452.00 |
| C. Full Name (Last, First, Middle Initial) of Debto Lester, Gini, , , | r or Creditor | | Nature of Debt (Purpose): Researcher Sept |
| Mailing Address 1527 Burry Street | | | |
| City Joliet | State IL | Zip Code 60435 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-314469 |
| 2000.00 Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | , | 0.00 | 2000.00 |
| 1) SUBTOTALS This Period This Page (optional) | | | 4000.00 |
| 2) TOTALS This Period (last page this line number | only) | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | - |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | nary Page (last page only). | |

(Use separate schedule(s) for each numbered line) PAGE 38 / 50

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | • | |
|--|--|---------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor Merida, Andrea, E., , | Nature of Debt (Purpose): Campaign Manager contractor | | |
| Mailing Address 1132 N Washington St | | | |
| City Denver | State CO | Zip Code 80203 | |
| Outstanding Balance Beginning This Period | · | | Transaction ID : D-27316 |
| 3000.00 | | | |
| Amount Incurred This Period | Pay | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | - | 0.00 | 3000.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor Merida, Andrea, E., , | or Creditor | | Nature of Debt (Purpose): Campaign Manager contractor Q1 2020 |
| Mailing Address 1132 N Washington St | | | |
| City Denver | State CO | Zip Code 80203 | |
| Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period 0.00 | Pay | yment This Period 0.00 | Transaction ID: D-43584 Outstanding Balance at Close of This Period 3000.00 |
| C. Full Name (Last, First, Middle Initial) of Debtor Merida, Andrea, E., , Mailing Address 1132 N Washington St | r or Creditor | | Nature of Debt (Purpose): Campaign Manager April |
| City Denver | State CO | Zip Code 80203 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-51012 |
| Amount Incurred This Period | Pay | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 7 | 0.00 | 2000.00 |
| 1) SUBTOTALS This Period This Page (optional) | | | 8000.00 |
| 2) TOTALS This Period (last page this line number | only) | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule (| C-P (last page | only) | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | ary Page (last page only) | • |

(Use separate schedule(s) for each numbered line) PAGE 39 / 50

| | ME OF COMMITTEE (In Full) | | I | , |
|----|---|---|-------------------|---|
| Ho | owie Hawkins for Our Future | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor Merida, Andrea, E., , | Nature of Debt (Purpose): Campaign Manager May | | |
| - | Mailing Address 1132 N Washington St | | | |
| | City Denver | State CO | Zip Code 80203 | |
| | Outstanding Balance Beginning This Period 2000.00 | Transaction ID : D-84193 | | |
| | Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | 7 | 0.00 | 2000.00 |
| - | B. Full Name (Last, First, Middle Initial) of Debtor Merida, Andrea, $E.,,$ | or Creditor | | Nature of Debt (Purpose): campaign manager June |
| - | Mailing Address 1132 N Washington St | | | |
| | City Denver | State CO | Zip Code 80203 | |
| | Outstanding Balance Beginning This Period | · | | Transaction ID : D-90155 |
| | 2000.00 | | | |
| | Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | , | 0.00 | 2000.00 |
| - | C. Full Name (Last, First, Middle Initial) of Debto Merida, Andrea, E., , | r or Creditor | | Nature of Debt (Purpose): campaign manager July |
| - | Mailing Address 1132 N Washington St | | | |
| - | City Denver | State CO | Zip Code 80203 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : D-90216 |
| | 2000.00 | | | |
| | Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | 7 | 0.00 | 2000.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | > 6000.00 |
| 2) | TOTALS This Period (last page this line number | only) | | |
| 3) | TOTAL OUTSTANDING LOANS from Schedule (| C-P (last page | e only) | -> |
| 4) | ADD 2) and 3) and carry forward to appropriate | | | |

(Use separate schedule(s) for each numbered line) PAGE 40 / 50

| IAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | |
|--|--|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debto Merida, Andrea, E., , | Nature of Debt (Purpose): Campaign Manager Aug1-Aug24 | | |
| Mailing Address 1132 N Washington St | | | |
| City Denver | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-90246 |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | , | 0.00 | 1548.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor Merida, Andrea, E., , | or Creditor | | Nature of Debt (Purpose): Campaign Manager Aug25-31 |
| Mailing Address 1132 N Washington St | | | |
| City Denver | State | Zip Code 80203 | |
| Outstanding Balance Beginning This Period 452.00 | | | Transaction ID : D-280983 |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 7 | 0.00 | 452.00 |
| C. Full Name (Last, First, Middle Initial) of Debto Merida, Andrea, E., , | r or Creditor | | Nature of Debt (Purpose): Campaign Manager Sept |
| Mailing Address 1132 N Washington St | | | |
| City Denver | State CO | Zip Code 80203 | |
| Outstanding Balance Beginning This Period 2000.00 | | | Transaction ID: D-314467 |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | , | 0.00 | 2000.00 |
|) SUBTOTALS This Period This Page (optional) | > 4000.00 | | |
| 2) TOTALS This Period (last page this line number | only) | | |
| TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | → |
| ADD 2) and 3) and carry forward to appropriate | | | |

(Use separate schedule(s) for each numbered line) PAGE 41 / 50

| | | | numbered line) | (Crieck Only One) | X 12 |
|---|-------------------|---|------------------------|---|--------------|
| NAME OF COMMITTEE (In Full) | | | | | |
| Howie Hawkins for Our Future | | | | | |
| | | | T | | |
| A. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | | Nature of Debt (Purpose): Ballot Access consulting contractor | |
| Phillips, Brendan, , , | Ballot Acce | ss consulting contractor | | | |
| Mailing Address 832 Lakeview | | | | | |
| Mailing Address 832 Lakeview | | | | | |
| City | State | Zip Code | | | |
| Stansbury ParkS | UT | 84074 | | | |
| | | | | | |
| Outstanding Balance Beginning This Period | | | Transacti | on ID : D-27322 | |
| 3000.00 | | | | | |
| Amount Inquired This David | De | nument This Davied | Outstand | ing Balance at Close of | Thin Dariad |
| Amount Incurred This Period | Га | syment This Period | Outstand | ing balance at close of | TIIIS FEIIOU |
| 0.00 | l | 0. | 00 | 30 | 00.00 |
| , | , | , | | , | |
| B. Full Name (Last, First, Middle Initial) of Debto | r or Creditor | | Nature of D | Debt (Purpose): | |
| Phillips, Brendan, , , | | | ballot acces | ss coordinator Q1 2020 | |
| | | | | | |
| Mailing Address 832 Lakeview | | | | | |
| 0.1 | 01-1- | 7' . 0 | | | |
| City Stansbury ParkS | State UT | Zip Code 84074 | | | |
| Stallsbully FalkS | 01 | 04074 | | | |
| Outstanding Balance Beginning This Period | | | Transact | ion ID : D-43591 | |
| 3000.00 | | | | | |
| 7 | | | | | |
| Amount Incurred This Period | Pa | syment This Period | Outstand | ing Balance at Close of | This Period |
| 0.00 | l | 0. | 00 | 30 | 00.00 |
| 7 | , | 7 | | 7 | |
| C. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of D | Debt (Purpose): | |
| Phillips, Brendan, , , | | | ballot acce | ss consultant April | |
| | | | | | |
| Mailing Address 832 Lakeview | | | | | |
| - <u></u> - | - | | | | |
| City | State | Zip Code | | | |
| Stansbury ParkS | UT | 84074 | | | |
| Outstanding Balance Beginning This Period | | | Transac | ction ID : D-51011 | |
| 2000.00 | | | | | |
| , 200.00 | | | | | |
| Amount Incurred This Period | Pa | syment This Period | Outstand | ing Balance at Close of | This Period |
| 0.00 | | 0. | 00 | 20 | 00.00 |
| 7 | 7 | 7 | | 7 | |
| | | | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | | 80 | 00.00 |
| | | | | - | |
| 2) TOTALS This Period (last page this line number | only) | | ····· | | |
| 2) TOTAL OUTSTANDING LOANS from Colored to | C D /last | o only) | | , | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | U-P (last page | e only) | | | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | nany Page (last nago o | anly) | · · · · · · · | |
| TI ADD A AND OF AND CANY TO WAID TO APPROPRIATE | , iiio oi Suiilli | iaiy i aye (iasi paye C | /· · · y / · · · · · · | | |

(Use separate schedule(s) for each numbered line) PAGE 42 / 50

| | 11 |
|---|----|
| X | 12 |

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | |
|---|--|----------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debto | Nature of Debt (Purpose): ballot access coordinator May | | |
| Mailing Address 832 Lakeview | | | |
| City Stansbury ParkS | State UT | Zip Code 84074 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-84194 |
| 2000.00 | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 2000.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor Phillips, Brendan, , , | or Creditor | | Nature of Debt (Purpose): ballot access coordinator June |
| Mailing Address 832 Lakeview | | | |
| City Stansbury ParkS | State UT | Zip Code 84074 | |
| Outstanding Balance Beginning This Period 2000.00 | | | Transaction ID : D-90159 |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 2000.00 |
| C. Full Name (Last, First, Middle Initial) of Debte Phillips, Brendan, , , | or or Creditor | | Nature of Debt (Purpose): ballot access work July |
| Mailing Address 832 Lakeview | | | |
| City Stansbury ParkS | State UT | Zip Code 84074 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-90220 |
| 2000.00 | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 2000.00 |
| 1) SUBTOTALS This Period This Page (optional) | | | 6000.00 |
| 2) TOTALS This Period (last page this line number | only) | | > |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | > |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | ary Page (last page only). | |

(Use separate schedule(s) for each numbered line) PAGE 43 / 50

FOR LINE NUMBER: (check only one)

| A. Full Name (Last, First, Middle Initial) of Debt Rodino, Virginia, , , | Nature of Debt (Purpose): Press Secretary Sep partial month | | |
|--|--|--------------------------|--|
| Mailing Address 7251 Dockside Lane | | | |
| City Columbia | State MD | Zip Code 21045 | |
| Outstanding Balance Beginning This Period | 1 | , | Transaction ID : D-314473 |
| 125.00 | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 7 | 125.00 | 0.00 |
| B. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of Debt (Purpose): Press Secretary 1st half Oct |
| Mailing Address 7251 Dockside Lane | | | |
| City Columbia | State MD | Zip Code 21045 | |
| Outstanding Balance Beginning This Period | , | , | Transaction ID : D-314474 |
| 250.00 | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 7 | 250.00 | 0.00 |
| | | | |
| C. Full Name (Last, First, Middle Initial) of Debt Rodino, Virginia, , , | or or Creditor | | Nature of Debt (Purpose): Press Secretary 2nd half Oct |
| | or or Creditor | | |
| Rodino, Virginia, , , | State | Zip Code 21045 | |
| Rodino, Virginia, , , Mailing Address 7251 Dockside Lane City | State | • | |
| Rodino, Virginia, , , Mailing Address 7251 Dockside Lane City Columbia | State | • | Press Secretary 2nd half Oct |
| Rodino, Virginia, , , Mailing Address 7251 Dockside Lane City Columbia Outstanding Balance Beginning This Period | State MD | • | Press Secretary 2nd half Oct |
| Rodino, Virginia, , , Mailing Address 7251 Dockside Lane City Columbia Outstanding Balance Beginning This Period 250.00 | State MD | 21045 | Press Secretary 2nd half Oct Transaction ID : D-361130 |
| Rodino, Virginia, , , Mailing Address 7251 Dockside Lane City Columbia Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period | State MD | yment This Period 250.00 | Press Secretary 2nd half Oct Transaction ID : D-361130 Outstanding Balance at Close of This Period |
| Rodino, Virginia, , , Mailing Address 7251 Dockside Lane City Columbia Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00 | State MD | yment This Period 250.00 | Press Secretary 2nd half Oct Transaction ID : D-361130 Outstanding Balance at Close of This Period 0.00 |
| Rodino, Virginia, , , Mailing Address 7251 Dockside Lane City Columbia Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional) | State MD | yment This Period 250.00 | Press Secretary 2nd half Oct Transaction ID : D-361130 Outstanding Balance at Close of This Period 0.00 |

(Use separate schedule(s) for each numbered line) PAGE 44 / 50

11

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | |
|---|--|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Dek Santaguida, Cora, , , | Nature of Debt (Purpose): Call Center Manager / Phonebanker Q1 2020 | | |
| Mailing Address ⁴⁰ Liberty Street 2b | | | |
| City Stamford | State CT | Zip Code 06902 | |
| Outstanding Balance Beginning This Period 3000.00 | | | Transaction ID: D-43592 |
| Amount Incurred This Period | Pay | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 9 | 0.00 | 3000.00 |
| B. Full Name (Last, First, Middle Initial) of Deb Santaguida, Cora, , , | tor or Creditor | | Nature of Debt (Purpose): Call Center Manager / Phonebanker April |
| Mailing Address 40 Liberty Street 2b | | | |
| City Stamford | State CT | Zip Code 06902 | |
| Outstanding Balance Beginning This Period 2000.00 | | | Transaction ID : D-51017 |
| Amount Incurred This Period 0.00 | Pay | yment This Period 0.00 | Outstanding Balance at Close of This Period |
| C. Full Name (Last, First, Middle Initial) of Del Santaguida, Cora, , , | otor or Creditor | | Nature of Debt (Purpose): phonebank manager and phonebanker May |
| Mailing Address 40 Liberty Street 2b | | | |
| City Stamford | State CT | Zip Code 06902 | |
| Outstanding Balance Beginning This Period 2000.00 | | | Transaction ID : D-84188 |
| Amount Incurred This Period | Pay | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 2000.00 |
| 1) SUBTOTALS This Period This Page (optional) | | | 7000.00 |
| 2) TOTALS This Period (last page this line numb | er only) | | |
| 3) TOTAL OUTSTANDING LOANS from Schedu | e C-P (last page | only) | |
| 4) ADD 2) and 3) and carry forward to appropria | | | |

(Use separate schedule(s) for each numbered line) PAGE 45 / 50

FOR LINE NUMBER: (check only one)

| Howie Hawkins for Our Future | | | |
|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Debi Santaguida, Cora, , , | Nature of Debt (Purpose): phonebank manager and phonebanker June | | |
| Mailing Address 40 Liberty Street | | | |
| 2b | State | Zip Code | |
| City Stamford | | | |
| Outstanding Balance Beginning This Period | l . | | Transaction ID : D-90157 |
| 2000.00 | | | 114110401101112 12 00101 |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 2000.00 |
| B. Full Name (Last, First, Middle Initial) of Debte | or or Creditor | , | Nature of Debt (Purpose): |
| Santaguida, Cora, , , | or or ordanor | | phonebank manager and phonebanking July |
| Mailing Address 40 Liberty Street 2b | | | |
| City | State | Zip Code | |
| Stamford | СТ | 06902 | |
| Outstanding Balance Beginning This Period | | | Transaction ID: D-90221 |
| 2000.00 | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 2000.00 |
| C. Full Name (Last, First, Middle Initial) of Deb Santaguida, Cora, , , | tor or Creditor | | Nature of Debt (Purpose): Call Center Manager / Phonebanker Aug1-24 |
| Mailing Address 40 Liberty Street | | | |
| 2b City Stamford | State CT | Zip Code 06902 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-90250 |
| 1548.00 | | | |
| Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 7 | 0.00 | 1548.00 |
| 1) SUBTOTALS This Period This Page (optional). | | | 5548.00 |
| 2) TOTALS This Period (last page this line number | er only) | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | e C-P (last page | e only) | |
| 4) ADD 2) and 3) and carry forward to appropriat | te line of Summ | nary Page (last page onlv) | |
| . , , , , , , , , , , , , , , , , , , , | | , o , p. 10 - 11 - 17 - 17 - 17 - 17 - 17 - 17 - | |

(Use separate schedule(s) for each numbered line) PAGE 46 / 50

FOR LINE NUMBER: (check only one)

| | | | (check only one) | |
|--|--|----------------------------|---|--|
| NAME OF COMMITTEE (In Full) | | | | |
| Howie Hawkins for Our Future | | | | |
| A. Full Name (Last, First, Middle Initial) of Debto | r or Craditor | | Notice of Dobt (Discool) | |
| | Nature of Debt (Purpose): Call Center Manager / Phonebanker Aug25-31 | | | |
| Santaguida, Cora, , , | | | | |
| Mailing Address 40 Liberty Street | | | | |
| 2b | | | | |
| City | State | Zip Code | | |
| Stamford | СТ | 06902 | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-280979 | |
| | | | | |
| 452.00 | | | | |
| Amount Incurred This Period | Pa | syment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | | 0.00 | 452.00 | |
| 0.00 | 7 | 0.00 | 102.00 | |
| B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of Debt (Purpose): | |
| Santaguida, Cora, , , | or ordanor | | call center manager / phonebanker Sept | |
| Sarriaguida, OSra, , , | | | | |
| Mailing Address 40 Liberty Street | | | | |
| 2b | | | | |
| City | State | Zip Code | | |
| Stamford | СТ | 06902 | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-314470 | |
| 2000.00 | | | | |
| 2000.00 | | | | |
| Amount Incurred This Period | Pa | syment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | | 0.00 | 2000.00 | |
| 7 | , | 7 | 7 7 | |
| C. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of Debt (Purpose): | |
| Seeman, Rose, , , | | | Scheduling/logistics contractor | |
| | | | | |
| Mailing Address 5117 Preston Avenue South | | | | |
| C't. | 01-1- | Zip Code | | |
| City Gulfport | State FL | 33707 | | |
| <u></u> | '- | 00.0. | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-27317 | |
| 3000.00 | | | | |
| Amount Incurred This Period | Do | syment This Period | Outstanding Balance at Close of This Period | |
| Amount incurred this Period | га | lyment mis Penod | Outstanding Balance at Close of This Feriod | |
| 0.00 | | 0.00 | 3000.00 | |
| , | , | , | , , | |
| 1) SUBTOTALS This Period This Page (optional) | | | 5450.00 | |
| The sobrotace this renor this rage (optional) | | | 5452.00 | |
| 2) TOTALS This Period (last page this line number | only) | | | |
| , , , | • , | | 7 7 | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | | |
| | | | | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | nary Page (last page only) | | |
| | | | 7 7 | |

(Use separate schedule(s) for each numbered line) PAGE 47 / 50

| IAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | · | |
|--|--|----------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debto Seeman, Rose, , , | Nature of Debt (Purpose): scheduler/logistics Q1 2020 | | |
| Mailing Address 5117 Preston Avenue South | | | |
| City Gulfport | State FL | Zip Code 33707 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-43586 |
| 3000.00 | | | |
| Amount Incurred This Period | Pa | syment This Period | Outstanding Balance at Close of This Period |
| 0.00 | , | 0.00 | 3000.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor Seeman, Rose, , , | or Creditor | | Nature of Debt (Purpose): scheduler/logistics April |
| Mailing Address 5117 Preston Avenue South | | | |
| City Gulfport | State FL | Zip Code 33707 | |
| Outstanding Balance Beginning This Period | | | Townseller ID D 54040 |
| 2000.00 | | | Transaction ID : D-51010 |
| Amount Incurred This Period | Pa | syment This Period | Outstanding Balance at Close of This Period |
| 0.00 | , | 0.00 | 2000.00 |
| C. Full Name (Last, First, Middle Initial) of Debto | r or Creditor | | Nature of Debt (Purpose): scheduler/logistics May |
| Mailing Address 5117 Preston Avenue South | | | |
| City Gulfport | State FL | Zip Code 33707 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-84195 |
| 2000.00 | | | Transaction is 15 04130 |
| y y | Do | wmant This Daried | Outstanding Balance at Close of This Period |
| Amount Incurred This Period | Га | ayment This Period | |
| 0.00 | | 0.00 | 2000.00 |
|) SUBTOTALS This Period This Page (optional) | | | 7000.00 |
| 2) TOTALS This Period (last page this line number | only) | | |
| TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | |
|) ADD 2) and 3) and carry forward to appropriate | line of Summ | nary Page (last page only) | |

(Use separate schedule(s) for each numbered line) PAGE 48 / 50

FOR LINE NUMBER: (check only one)

11 **x** 12

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | |
|--|--|-----------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debto | Nature of Debt (Purpose): scheduler/logistics June | | |
| Mailing Address 5117 Preston Avenue South | | | |
| City Gulfport | State FL | Zip Code 33707 | |
| Outstanding Balance Beginning This Period 2000.00 | ' | | Transaction ID : D-90162 |
| Amount Incurred This Period 0.00 | Pa | yment This Period 0.00 | Outstanding Balance at Close of This Period 2000.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor Seeman, Rose, , , | Nature of Debt (Purpose): July logistics and scheduling | | |
| Mailing Address 5117 Preston Avenue South | | | |
| City Gulfport | State FL | Zip Code 33707 | |
| Outstanding Balance Beginning This Period 2000.00 | | | Transaction ID : D-90213 |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | | Outstanding Balance at Close of This Period 2000.00 |
| C. Full Name (Last, First, Middle Initial) of Debto Seeman, Rose, , , | Nature of Debt (Purpose): scheduler/logistics Aug1-24 | | |
| Mailing Address 5117 Preston Avenue South | | | |
| City Gulfport | State FL | Zip Code 33707 | |
| Outstanding Balance Beginning This Period | | | Transaction ID : D-90248 |
| Amount Incurred This Period | Payment This Period | | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 1548.00 |
| 1) SUBTOTALS This Period This Page (optional) | | | 5548.00 |
| 2) TOTALS This Period (last page this line number | only) | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C-P (last page | e only) | - |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | nary Page (last page only). | |

(Use separate schedule(s) for each numbered line) PAGE 49 / 50

FOR LINE NUMBER: (check only one)

11

| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | · | |
|---|---|----------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor Seeman, Rose, , , | Nature of Debt (Purpose): scheduler/logistics Aug25-31 | | |
| Mailing Address 5117 Preston Avenue South | | | |
| City Gulfport | State FL | Zip Code 33707 | |
| Outstanding Balance Beginning This Period 452.00 | | | Transaction ID : D-280981 |
| Amount Incurred This Period | Payment This Period | | Outstanding Balance at Close of This Period |
| 0.00 | 7 | 0.00 | 452.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor Seeman, Rose, , , Mailing Address 5117 Preston Avenue South | or Creditor | | Nature of Debt (Purpose): scheduler/logistics Sept |
| City Gulfport | State FL | Zip Code 33707 | |
| Outstanding Balance Beginning This Period 2000.00 Amount Incurred This Period | Pa | yment This Period | Transaction ID : D-314471 Outstanding Balance at Close of This Period |
| 0.00 | , | 0.00 | 2000.00 |
| C. Full Name (Last, First, Middle Initial) of Debtor Trudeau, Michael, , , Mailing Address 112 Reton Ct | r or Creditor | | Nature of Debt (Purpose): Volunteer Coordinator contractor |
| City Cary | State NC | Zip Code 27513 | |
| Outstanding Balance Beginning This Period 3000.00 | | | Transaction ID : D-27319 |
| Amount Incurred This Period | Payment This Period | | Outstanding Balance at Close of This Period |
| 0.00 | 7 | 0.00 | 3000.00 |
| 1) SUBTOTALS This Period This Page (optional) | | | 5452.00 |
| 2) TOTALS This Period (last page this line number | only) | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule (| C-P (last page | e only) | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summ | nary Page (last page only) | |

(Use separate schedule(s) for each numbered line) PAGE 50 / 50

| NAME OF COMMITTEE (In Full) | | | (ensert entry ene) |
|---|---|--------------------|--|
| NAME OF COMMITTEE (In Full) Howie Hawkins for Our Future | | | |
| A. Full Name (Last, First, Middle Initial) of Debto | Nature of Debt (Purpose): Volunteer Coordinator, copy editor, Q1 2020 | | |
| Mailing Address 112 Reton Ct | | | |
| | | | |
| City Cary | State NC | Zip Code 27513 | |
| Outstanding Balance Beginning This Period 3000.00 | | | Transaction ID : D-43587 |
| Amount Incurred This Period | Pa | ayment This Period | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 3000.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trudeau, Michael, , , | | | Nature of Debt (Purpose): copy editing, volunteer coordination |
| Mailing Address 112 Reton Ct | | | |
| City Cary | State NC | Zip Code 27513 | |
| Outstanding Balance Beginning This Period | ' | | Transaction ID : D-51008 |
| 1000.00 | | | Transaction is . 5-51000 |
| Amount Incurred This Period | Pa | ayment This Period | Outstanding Balance at Close of This Period |
| 0.00 | , | 0.00 | 1000.00 |
| C. Full Name (Last, First, Middle Initial) of Debte Violett, Thomas, , , | or or Creditor | | Nature of Debt (Purpose): ballot access, outreach, organizing |
| Mailing Address 16 N. Main St. | | | |
| City Farmingdale | State NJ | Zip Code 07727 | |
| Outstanding Balance Beginning This Period 500.00 | ' | , | Transaction ID : D-90229 |
| Amount Incurred This Period | Pa | ayment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | | 500.00 |
| 1) SUBTOTALS This Period This Page (optional) | | | 4500.00 |
| TOTALS This Period (last page this line number only) | | | 138194.90 |
| 3) TOTAL OUTSTANDING LOANS from Schedule | 0.00 | | |
| 4) ADD 2) and 3) and carry forward to appropriate | 138194.90 | | |