

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

YOUTH PROGRESSIVE ACTION CATALYST

ADDRESS (number and street) 1250 I STREET NW SUITE 330 WASHINGTON DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00670216

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
[X] October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

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

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

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

5. Covering Period 07 / 01 / 2024 through 09 / 30 / 2024

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

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

Signature of Treasurer Guthman, Nick, , ,

Date 10 / 06 / 2024

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

Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

YOUTH PROGRESSIVE ACTION CATALYST

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="15347.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28879.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="198887.24"/>	<input type="text" value="342171.93"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="227766.58"/>	<input type="text" value="357519.61"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="144889.39"/>	<input type="text" value="274642.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="82877.19"/>	<input type="text" value="82877.19"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

YOUTH PROGRESSIVE ACTION CATALYST

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39931.00	69099.00
(ii) Unitemized	38956.24	104865.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	78887.24	173964.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	78887.24	178964.37
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	120000.00	163207.56
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	198887.24	342171.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	198887.24	342171.93

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	80212.29	168074.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	80212.29	168074.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7190.00	7190.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	57487.10	99377.54
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	144889.39	274642.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	144889.39	274642.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	78887.24	178964.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	78887.24	178964.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	80212.29	168074.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	80212.29	168074.88

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 191
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Antrim, Phoebe F, , ,

Mailing Address 1500 Westbrook Ct

City Richmond State VA Zip Code 23227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2024

Transaction ID : SA11AI.39490

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bartsch, William, , ,

Mailing Address 78842 Kramer Drive

City Palm Desert State CA Zip Code 92211

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2024

Transaction ID : SA11AI.39522

Amount of Each Receipt this Period
30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Bartsch, William, , ,

Mailing Address 78842 Kramer Drive

City Palm Desert State CA Zip Code 92211

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2024

Transaction ID : SA11AI.39523

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bartsch, William, , ,		Date of Receipt MM / DD / YYYY 09 / 13 / 2024 Transaction ID : SA11AI.39524
Mailing Address 78842 Kramer Drive		Amount of Each Receipt this Period 30.00
City Palm Desert	State CA	Zip Code 92211
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bell, Stewart, , ,		Date of Receipt MM / DD / YYYY 07 / 09 / 2024 Transaction ID : SA11AI.39526
Mailing Address 240 Lincoln St		Amount of Each Receipt this Period 150.00
City Astoria	State OR	Zip Code 97103
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bell, Stewart, , ,		Date of Receipt MM / DD / YYYY 08 / 09 / 2024 Transaction ID : SA11AI.39527
Mailing Address 240 Lincoln St		Amount of Each Receipt this Period 150.00
City Astoria	State OR	Zip Code 97103
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	330.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bell, Stewart, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2024 Transaction ID : SA11AI.39528		
Mailing Address 240 Lincoln St			Amount of Each Receipt this Period 150.00		
City Astoria	State OR	Zip Code 97103	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1350.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bender, Douglas, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2024 Transaction ID : SA11AI.39531		
Mailing Address 261 Vista del Parque			Amount of Each Receipt this Period 1000.00		
City Redondo Beach	State CA	Zip Code 90277	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Not employed		Occupation (for Individual) Not employed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Bolan, Nancy, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2024 Transaction ID : SA11AI.39560		
Mailing Address 50 Parkway West			Amount of Each Receipt this Period 25.00		
City Mount Vernon	State NY	Zip Code 10552	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) World Vision		Occupation (for Individual) Public Health			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 225.00			

SUBTOTAL of Receipts This Page (optional).....▶	1175.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 191
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

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

Mailing Address 11435 Daykin Drive

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

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2024

Transaction ID : SA11AI.39564

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 11435 Daykin Drive

City St. Louis	State MO	Zip Code 63146
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2024

Transaction ID : SA11AI.39565

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 11435 Daykin Drive

City St. Louis	State MO	Zip Code 63146
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2024

Transaction ID : SA11AI.39566

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Broughton, Cathy, , ,

Mailing Address 160 15th Ave Ct

City Hiawatha	State IA	Zip Code 52233
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2024

Transaction ID : SA11AI.39580

Amount of Each Receipt this Period
30.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Broughton, Cathy, , ,

Mailing Address 160 15th Ave Ct

City Hiawatha	State IA	Zip Code 52233
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2024

Transaction ID : SA11AI.39581

Amount of Each Receipt this Period
30.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Broughton, Cathy, , ,

Mailing Address 160 15th Ave Ct

City Hiawatha	State IA	Zip Code 52233
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2024

Transaction ID : SA11AI.39582

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Burns, Phoebe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 Osborn St
 City Philadelphia State PA Zip Code 19128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) International SOS Occupation (for Individual) Data Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 30 / 2024
Transaction ID : SA11AI.39593
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Butler, Hillary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Charlton Street
 City New York State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) psychotherapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 07 / 01 / 2024
Transaction ID : SA11AI.39597
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Butler, Hillary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Charlton Street
 City New York State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) psychotherapist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 07 / 01 / 2024
Transaction ID : SA11AI.39598
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Butler, Hillary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Charlton Street
 City New York State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) psychotherapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 01 / 2024
Transaction ID : SA11AI.39599
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Butler, Hillary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Charlton Street
 City New York State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) psychotherapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 08 / 01 / 2024
Transaction ID : SA11AI.39600
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Butler, Hillary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Charlton Street
 City New York State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) psychotherapist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 09 / 01 / 2024
Transaction ID : SA11AI.39601
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Butler, Hillary, , ,		Date of Receipt MM / DD / YYYY 09 / 01 / 2024 Transaction ID : SA11AI.39602
Mailing Address 21 Charlton Street		Amount of Each Receipt this Period 25.00
City New York	State NY	Zip Code 10014
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) psychotherapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. carlson, carol, , ,		Date of Receipt MM / DD / YYYY 09 / 06 / 2024 Transaction ID : SA11AI.39610
Mailing Address 42 E Main St		Amount of Each Receipt this Period 150.00
City Mount Jewett	State PA	Zip Code 16740-5126
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) episcopal church	Occupation (for Individual) priest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Chow, Myra, , ,		Date of Receipt MM / DD / YYYY 07 / 22 / 2024 Transaction ID : SA11AI.39638
Mailing Address 310 A Bonita Street		Amount of Each Receipt this Period 300.00
City Sausalito	State CA	Zip Code 94965
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Cohen, Naomi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POB 39
 City Gap Mills State WV Zip Code 24941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2024
Transaction ID : SA11AI.39646
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Cohen, Naomi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POB 39
 City Gap Mills State WV Zip Code 24941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2024
Transaction ID : SA11AI.39647
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Cohen, Naomi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POB 39
 City Gap Mills State WV Zip Code 24941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2024
Transaction ID : SA11AI.39648
 Amount of Each Receipt this Period
 225.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Cohen, Naomi, , ,

Mailing Address **POB 39**

City **Gap Mills** State **WV** Zip Code **24941**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1625.00**

Date of Receipt **09 / 19 / 2024**

Transaction ID : SA11AI.39649

Amount of Each Receipt this Period **75.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Cohen, Sara, , ,

Mailing Address **42 Arlington st.**

City **Medford** State **MA** Zip Code **02155**

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

Name of Employer (for Individual) **Commonwealth of MA** Occupation (for Individual) **Environmental Analyst**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 13 / 2024**

Transaction ID : SA11AI.39652

Amount of Each Receipt this Period **100.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Collins, Charles, , ,

Mailing Address **3604 Cedarwood Ct**

City **Bettendorf** State **IA** Zip Code **52722**

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 05 / 2024**

Transaction ID : SA11AI.39654

Amount of Each Receipt this Period **50.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Daisey, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13910 Overton lane
 City Silver Spring State MD Zip Code 20904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not employed Occupation (for Individual) Not employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 05 / 2024**
Transaction ID : SA11AI.39673
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Daisey, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13910 Overton lane
 City Silver Spring State MD Zip Code 20904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not employed Occupation (for Individual) Not employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 27 / 2024**
Transaction ID : SA11AI.39674
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Daisey, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13910 Overton lane
 City Silver Spring State MD Zip Code 20904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not employed Occupation (for Individual) Not employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 13 / 2024**
Transaction ID : SA11AI.39675
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Daisey, Paul, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2024 Transaction ID : SA11AI.39676
Mailing Address 13910 Overton lane		Amount of Each Receipt this Period 100.00
City Silver Spring	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Daisey, Paul, , ,		Date of Receipt MM / DD / YYYY 09 / 12 / 2024 Transaction ID : SA11AI.39677
Mailing Address 13910 Overton lane		Amount of Each Receipt this Period 100.00
City Silver Spring	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Daisey, Paul, , ,		Date of Receipt MM / DD / YYYY 09 / 18 / 2024 Transaction ID : SA11AI.39678
Mailing Address 13910 Overton lane		Amount of Each Receipt this Period 100.00
City Silver Spring	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not employed	Occupation (for Individual) Not employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Dash, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 88
 City Deer Harbor State WA Zip Code 98243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2024
Transaction ID : SA11AI.39686
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Dixon, Lloyd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5947 Wrightcrest Dr
 City Culver City State CA Zip Code 90232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAND Corporation Occupation (for Individual) Economist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2024
Transaction ID : SA11AI.39704
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dolinsky, Shari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 East Woodward Blvd
 City Tulsa State OK Zip Code 74114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2024
Transaction ID : SA11AI.39708
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Dooley, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4420 N Clybourn Ave
 City Burbank State CA Zip Code 91505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 08 / 05 / 2024
Transaction ID : SA11AI.39712
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dooley, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4420 N Clybourn Ave
 City Burbank State CA Zip Code 91505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 08 / 26 / 2024
Transaction ID : SA11AI.39713
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Dooley, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4420 N Clybourn Ave
 City Burbank State CA Zip Code 91505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt
 09 / 20 / 2024
Transaction ID : SA11AI.39714
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Dooley, Winifred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4420 N Clybourn Ave
 City Burbank State CA Zip Code 91505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) writer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 20 / 2024**
Transaction ID : SA11AI.39715
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Dooley, Winifred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4420 N Clybourn Ave
 City Burbank State CA Zip Code 91505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) writer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **07 / 21 / 2024**
Transaction ID : SA11AI.39716
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Dooley, Winifred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4420 N Clybourn Ave
 City Burbank State CA Zip Code 91505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) writer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt **08 / 21 / 2024**
Transaction ID : SA11AI.39717
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dooley, Winifred, , ,

Mailing Address 4420 N Clybourn Ave

City Burbank	State CA	Zip Code 91505
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2024

Transaction ID : SA11AI.39718

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dooley, Winifred, , ,

Mailing Address 4420 N Clybourn Ave

City Burbank	State CA	Zip Code 91505
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2024

Transaction ID : SA11AI.39719

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dooley, Winifred, , ,

Mailing Address 4420 N Clybourn Ave

City Burbank	State CA	Zip Code 91505
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2024

Transaction ID : SA11AI.39720

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Dorwick, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 W 7th Street
 City Port Angeles State WA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.00

Date of Receipt 07 / 01 / 2024
Transaction ID : SA11AI.39723
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Dorwick, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 W 7th Street
 City Port Angeles State WA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 23 / 2024
Transaction ID : SA11AI.39724
 Amount of Each Receipt this Period 17.00
 Memo Item

C. Dorwick, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 W 7th Street
 City Port Angeles State WA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 344.00

Date of Receipt 07 / 24 / 2024
Transaction ID : SA11AI.39725
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 191
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Dorwick, Keith, , ,

Mailing Address 1418 W 7th Street

City Port Angeles State WA Zip Code 70503

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.00**

Date of Receipt
08 / 01 / 2024

Transaction ID : SA11AI.39726

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Dorwick, Keith, , ,

Mailing Address 1418 W 7th Street

City Port Angeles State WA Zip Code 70503

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **386.00**

Date of Receipt
08 / 23 / 2024

Transaction ID : SA11AI.39727

Amount of Each Receipt this Period
17.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Dorwick, Keith, , ,

Mailing Address 1418 W 7th Street

City Port Angeles State WA Zip Code 70503

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **436.00**

Date of Receipt
08 / 24 / 2024

Transaction ID : SA11AI.39728

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **92.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Dorwick, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 W 7th Street
 City Port Angeles State WA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2024
Transaction ID : SA11AI.39729
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Dorwick, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 W 7th Street
 City Port Angeles State WA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 478.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2024
Transaction ID : SA11AI.39730
 Amount of Each Receipt this Period 17.00
 Memo Item

C. Dorwick, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 W 7th Street
 City Port Angeles State WA Zip Code 70503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2024
Transaction ID : SA11AI.39731
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Dragon, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Deerfield Road #305
 City Highland Park State IL Zip Code 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **09 / 29 / 2024**
Transaction ID : SA11AI.39734
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Duncan, Jon B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3338 Winchester Way
 City Eugene State OR Zip Code 97401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Veterinarian
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 08 / 2024**
Transaction ID : SA11AI.39738
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Duncan, Jon B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3338 Winchester Way
 City Eugene State OR Zip Code 97401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Veterinarian
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **08 / 09 / 2024**
Transaction ID : SA11AI.39739
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Edwards, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 715
 City South Freeport State ME Zip Code 04078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 15 / 2024
Transaction ID : SA11AI.39742
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Feingold, Lainey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1524 Scenic Ave 1524 Scenic Ave
 City Berkeley State CA Zip Code 94708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) lawyer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2024
Transaction ID : SA11AI.39766
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Feldman, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4850 38th Ave SW
 City Seattle State WA Zip Code 98126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starbucks Occupation (for Individual) Software Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 22 / 2024
Transaction ID : SA11AI.39768
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Feldman, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4850 38th Ave SW
 City Seattle State WA Zip Code 98126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starbucks Occupation (for Individual) Software Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2024
Transaction ID : SA11AI.39769
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Feldman, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4850 38th Ave SW
 City Seattle State WA Zip Code 98126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Starbucks Occupation (for Individual) Software Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2024
Transaction ID : SA11AI.39770
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Fernald, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6159 NE COPPER BEECH DR.
 City Hillsboro State OR Zip Code 97124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2024
Transaction ID : SA11AI.39773
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Fernald, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6159 NE COPPER BEECH DR.
 City Hillsboro State OR Zip Code 97124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2024
Transaction ID : SA11AI.39774
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Flitner, Cara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Mountain West Drive Unit 24
 City Wolfeboro State NH Zip Code 03894
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Airlines Occupation (for Individual) Pilot
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2024
Transaction ID : SA11AI.39776
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Flitner, Cara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Mountain West Drive Unit 24
 City Wolfeboro State NH Zip Code 03894
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Airlines Occupation (for Individual) Pilot
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2024
Transaction ID : SA11AI.39777
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Flitner, Cara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Mountain West Drive Unit 24
 City Wolfeboro State NH Zip Code 03894
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Airlines Occupation (for Individual) Pilot
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2024
Transaction ID : SA11AI.39778
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Fluhrer, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 N Eagle Hollow Rd
 City Green Valley State AZ Zip Code 85614-6086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2024
Transaction ID : SA11AI.39781
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Fluhrer, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1068 N Eagle Hollow Rd
 City Green Valley State AZ Zip Code 85614-6086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2024
Transaction ID : SA11AI.39782
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Franklin, Daniel, , ,		Date of Receipt
Mailing Address 20 Garfield Rd		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2024"/>
City Melrose	State MA	Zip Code 02176
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.39786
Name of Employer (for Individual) Sandbox Networks		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Software Engineer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Franklin, Daniel, , ,		Date of Receipt
Mailing Address 20 Garfield Rd		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2024"/>
City Melrose	State MA	Zip Code 02176
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.39787
Name of Employer (for Individual) Sandbox Networks		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Software Engineer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Franklin, Daniel, , ,		Date of Receipt
Mailing Address 20 Garfield Rd		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2024"/>
City Melrose	State MA	Zip Code 02176
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.39788
Name of Employer (for Individual) Sandbox Networks		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) Software Engineer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Gardner, Sheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95-356 Nape Place
 City Mililani State HI Zip Code 96789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 18 / 2024
Transaction ID : SA11AI.39808
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Gefvert, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2205 Cebolla Creek Way NW
 City Albuquerque State NM Zip Code 87120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 14 / 2024
Transaction ID : SA11AI.39812
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Goldware, Marjorie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 669 MONTEZUMA CT
 City WALNUT CREEK State CA Zip Code 94598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2024
Transaction ID : SA11AI.39820
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gray, Randy, , ,		Date of Receipt MM / DD / YYYY 07 / 20 / 2024 Transaction ID : SA11AI.39829
Mailing Address 3535 Linda Vista Dr		Amount of Each Receipt this Period 100.00
City San Marcos	State CA	Zip Code 92078
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gray, Randy, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2024 Transaction ID : SA11AI.39830
Mailing Address 3535 Linda Vista Dr		Amount of Each Receipt this Period 50.00
City San Marcos	State CA	Zip Code 92078
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hall, Susan, , ,		Date of Receipt MM / DD / YYYY 08 / 28 / 2024 Transaction ID : SA11AI.39841
Mailing Address 23 Norris St		Amount of Each Receipt this Period 1000.00
City Cambridge	State MA	Zip Code 02140
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Hardenburg, Harrison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 chestnut st apt 321
 City elyria State OH Zip Code 44035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2024
Transaction ID : SA11AI.39853
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Hardenburg, Harrison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 chestnut st apt 321
 City elyria State OH Zip Code 44035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : SA11AI.39854
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Harris, Burt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 Alta Ave.
 City Santa Monica State CA Zip Code 90402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harriscope Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2024
Transaction ID : SA11AI.39856
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Harris, Burt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 Alta Ave.
 City Santa Monica State CA Zip Code 90402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harriscopie Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2024
Transaction ID : SA11AI.39857
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Harris, Burt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 Alta Ave.
 City Santa Monica State CA Zip Code 90402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harriscopie Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2024
Transaction ID : SA11AI.39858
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Harris, Laurel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 88
 City Rutherford State CA Zip Code 94573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) veterinarian
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2024
Transaction ID : SA11AI.39864
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1275.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Harris, Laurel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 88
 City Rutherford State CA Zip Code 94573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) veterinarian
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 15 / 2024
Transaction ID : SA11AI.39865
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Harris, Laurel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 88
 City Rutherford State CA Zip Code 94573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) veterinarian
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 08 / 19 / 2024
Transaction ID : SA11AI.39866
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Heckman, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11174 Wood Elves Way
 City Columbia State MD Zip Code 21044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not employed Occupation (for Individual) Not employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 06 / 2024
Transaction ID : SA11AI.39871
 Amount of Each Receipt this Period 750.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Heckman, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11174 Wood Elves Way
 City Columbia State MD Zip Code 21044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not employed Occupation (for Individual) Not employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **09 / 29 / 2024**
Transaction ID : SA11AI.39872
 Amount of Each Receipt this Period 500.00
 Memo Item

B. henkin, michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Pipers Way
 City New Harbor State ME Zip Code 04554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) artist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 11 / 2024**
Transaction ID : SA11AI.39873
 Amount of Each Receipt this Period 50.00
 Memo Item

C. henkin, michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Pipers Way
 City New Harbor State ME Zip Code 04554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) artist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **07 / 29 / 2024**
Transaction ID : SA11AI.39874
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
henkin, michelle, , ,

Mailing Address 15 Pipers Way

City New Harbor	State ME	Zip Code 04554
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2024

Transaction ID : SA11AI.39875

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
henkin, michelle, , ,

Mailing Address 15 Pipers Way

City New Harbor	State ME	Zip Code 04554
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2024

Transaction ID : SA11AI.39876

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hoyt, Ivan, , ,

Mailing Address 2001 Manorview Cir NW

City Salem	State OR	Zip Code 97304
---------------	-------------	-------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2024

Transaction ID : SA11AI.39899

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Hoyt, Ivan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 Manorview Cir NW
 City Salem State OR Zip Code 97304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 08 / 12 / 2024
Transaction ID : SA11AI.39900
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Hoyt, Ivan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 Manorview Cir NW
 City Salem State OR Zip Code 97304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 09 / 12 / 2024
Transaction ID : SA11AI.39901
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Hubbell, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Pleasant St Unit#54
 City West Lebanon State NH Zip Code 03784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth Hitchcock Med Ctr Occupation (for Individual) RN Care Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 25 / 2024
Transaction ID : SA11AI.39907
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Huggins, Lucinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Warner Rd
 City Schenectady State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) not employed Occupation (for Individual) retired IT professional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2024
Transaction ID : SA11AI.39908
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Huggins, Lucinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Warner Rd
 City Schenectady State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) not employed Occupation (for Individual) retired IT professional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : SA11AI.39909
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Huggins, Lucinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Warner Rd
 City Schenectady State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) not employed Occupation (for Individual) retired IT professional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2024
Transaction ID : SA11AI.39910
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 40 OF 191
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Izumizaki, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3011 42nd Street
 City Gig Harbor State WA Zip Code 98335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 18 / 2024**
Transaction ID : SA11AI.39921
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. James, Johanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 11092
 City Santa Rosa State CA Zip Code 95406-1092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 31 / 2024**
Transaction ID : SA11AI.39923
 Amount of Each Receipt this Period 50.00
 Memo Item

C. James, Johanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 11092
 City Santa Rosa State CA Zip Code 95406-1092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 01 / 2024**
Transaction ID : SA11AI.39924
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Johnson, Jody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16134 Red Cedar Trl
 City Dallas State TX Zip Code 75248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 16 / 2024
Transaction ID : SA11AI.39935
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Jones, Amir, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 W 113 Street Apt 1D
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Law School Occupation (for Individual) Law Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.24

Date of Receipt 08 / 24 / 2024
Transaction ID : SA11AI.39943
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kane, Herald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3540 W Sahara Ave #48
 City Las Vegas State NV Zip Code 89102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 25 / 2024
Transaction ID : SA11AI.39951
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	575.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Kane, Herald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3540 W Sahara Ave #48
 City Las Vegas State NV Zip Code 89102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 04 / 2024**
Transaction ID : SA11AI.39952
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Kasparian, Gail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6604 Kalgan Rd.
 City Rio Rancho State NM Zip Code 87144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 14 / 2024**
Transaction ID : SA11AI.39956
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Kasparian, Gail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6604 Kalgan Rd.
 City Rio Rancho State NM Zip Code 87144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **08 / 09 / 2024**
Transaction ID : SA11AI.39957
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Keelan, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5941 Stoneview Dr.
 City Culver City State CA Zip Code 90232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rite Aid Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2024
Transaction ID : SA11AI.39966
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Keelan, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5941 Stoneview Dr.
 City Culver City State CA Zip Code 90232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rite Aid Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 20 / 2024
Transaction ID : SA11AI.39967
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Keelan, Helen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5941 Stoneview Dr.
 City Culver City State CA Zip Code 90232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rite Aid Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 28 / 2024
Transaction ID : SA11AI.39968
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Krawisz, Bruce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 N Hills Dr.
 City Marshfield State WI Zip Code 54449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marshfield Clinic Research Institute Occupation (for Individual) emeritus researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2024
Transaction ID : SA11AI.39999
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. LaBerge, Georgi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1637 Carleton Ct.
 City Redwood City State CA Zip Code 94061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2024
Transaction ID : SA11AI.40003
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. LaBerge, Georgi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1637 Carleton Ct.
 City Redwood City State CA Zip Code 94061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2024
Transaction ID : SA11AI.40004
 Amount of Each Receipt this Period
 180.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	780.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Latham, Alida, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2208 Fairview Ave East
 City Seattle State WA Zip Code 98102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) photographer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 09 / 2024**
Transaction ID : SA11AI.40012
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Linderman, Christine E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 277 Riverside Dr
 City Florence State MA Zip Code 01062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt **07 / 13 / 2024**
Transaction ID : SA11AI.40023
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Linderman, Christine E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 277 Riverside Dr
 City Florence State MA Zip Code 01062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt **07 / 21 / 2024**
Transaction ID : SA11AI.40024
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 46 OF 191
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Linderman, Christine E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 277 Riverside Dr
 City Florence State MA Zip Code 01062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt **08 / 13 / 2024**
Transaction ID : SA11AI.40025
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Linderman, Christine E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 277 Riverside Dr
 City Florence State MA Zip Code 01062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt **09 / 13 / 2024**
Transaction ID : SA11AI.40026
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ludi, Celia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Camino de las Crucitas
 City Santa Fe State NM Zip Code 87501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 18 / 2024**
Transaction ID : SA11AI.40034
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Luksenburg, Lillian, , ,		Date of Receipt MM / DD / YYYY 08 / 02 / 2024 Transaction ID : SA11AI.40038
Mailing Address 609 Kemp Mill Forest Dr.		Amount of Each Receipt this Period 25.00
City Silver Spring	State MD	Zip Code 20902-1566
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Luksenburg, Lillian, , ,		Date of Receipt MM / DD / YYYY 08 / 12 / 2024 Transaction ID : SA11AI.40039
Mailing Address 609 Kemp Mill Forest Dr.		Amount of Each Receipt this Period 200.00
City Silver Spring	State MD	Zip Code 20902-1566
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Luksenburg, Lillian, , ,		Date of Receipt MM / DD / YYYY 09 / 02 / 2024 Transaction ID : SA11AI.40040
Mailing Address 609 Kemp Mill Forest Dr.		Amount of Each Receipt this Period 25.00
City Silver Spring	State MD	Zip Code 20902-1566
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Luksenburg, Lillian, , ,		Date of Receipt MM / DD / YYYY 09 / 07 / 2024 Transaction ID : SA11AI.40041
Mailing Address 609 Kemp Mill Forest Dr.		Amount of Each Receipt this Period 300.00
City Silver Spring	State MD	Zip Code 20902-1566
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martin, Matt, , ,		Date of Receipt MM / DD / YYYY 09 / 23 / 2024 Transaction ID : SA11AI.40072
Mailing Address 6392 Mesedge Drive		Amount of Each Receipt this Period 25.00
City COLORADO SPRINGS	State CO	Zip Code 80919
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Keysight Technologies	Occupation (for Individual) ASIC Designer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Maul, Terry, , ,		Date of Receipt MM / DD / YYYY 07 / 26 / 2024 Transaction ID : SA11AI.40076
Mailing Address P.O. Box 635		Amount of Each Receipt this Period 50.00
City Tahoma	State CA	Zip Code 96142
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Maul, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 635
 City Tahoma State CA Zip Code 96142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 08 / 09 / 2024
Transaction ID : SA11AI.40077
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Maul, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 635
 City Tahoma State CA Zip Code 96142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 08 / 18 / 2024
Transaction ID : SA11AI.40078
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Maul, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 635
 City Tahoma State CA Zip Code 96142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 08 / 18 / 2024
Transaction ID : SA11AI.40079
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 OF 191
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Maul, Terry, , ,

Mailing Address P.O. Box 635

City State Zip Code
Tahoma CA 96142

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
08 / 22 / 2024

Transaction ID : SA11AI.40080

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Maul, Terry, , ,

Mailing Address P.O. Box 635

City State Zip Code
Tahoma CA 96142

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
08 / 24 / 2024

Transaction ID : SA11AI.40081

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Maul, Terry, , ,

Mailing Address P.O. Box 635

City State Zip Code
Tahoma CA 96142

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
08 / 26 / 2024

Transaction ID : SA11AI.40082

Amount of Each Receipt this Period
50.00

Memo Item

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

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

150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Maul, Terry, , ,			Date of Receipt MM / DD / YYYY 08 / 28 / 2024 Transaction ID : SA11AI.40083
Mailing Address P.O. Box 635			Amount of Each Receipt this Period 50.00
City Tahoma	State CA	Zip Code 96142	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 600.00	
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Maul, Terry, , ,			Date of Receipt MM / DD / YYYY 08 / 29 / 2024 Transaction ID : SA11AI.40084
Mailing Address P.O. Box 635			Amount of Each Receipt this Period 50.00
City Tahoma	State CA	Zip Code 96142	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 650.00	
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Maul, Terry, , ,			Date of Receipt MM / DD / YYYY 09 / 01 / 2024 Transaction ID : SA11AI.40085
Mailing Address P.O. Box 635			Amount of Each Receipt this Period 75.00
City Tahoma	State CA	Zip Code 96142	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 725.00	
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Maul, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 635
 City Tahoma State CA Zip Code 96142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2024
Transaction ID : SA11AI.40086
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Maul, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 635
 City Tahoma State CA Zip Code 96142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2024
Transaction ID : SA11AI.40087
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Maul, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 635
 City Tahoma State CA Zip Code 96142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2024
Transaction ID : SA11AI.40088
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 191
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Maul, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 635
 City Tahoma State CA Zip Code 96142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2024
Transaction ID : SA11AI.40089
 Amount of Each Receipt this Period
 75.00
 Memo Item

B. Maul, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 635
 City Tahoma State CA Zip Code 96142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2024
Transaction ID : SA11AI.40090
 Amount of Each Receipt this Period
 75.00
 Memo Item

C. Maul, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 635
 City Tahoma State CA Zip Code 96142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1145.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2024
Transaction ID : SA11AI.40091
 Amount of Each Receipt this Period
 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Mead, Lucy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 630 Spyglass Dr.
 City Eugene State OR Zip Code 97401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2024
Transaction ID : SA11AI.40105
 Amount of Each Receipt this Period
 45.00
 Memo Item

B. Meerhof, Eveann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4897 S Red Oaks Dr
 City Traverse City State MI Zip Code 49685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Interlochen Center for the Arts Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2024
Transaction ID : SA11AI.40107
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Meerhof, Eveann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4897 S Red Oaks Dr
 City Traverse City State MI Zip Code 49685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Interlochen Center for the Arts Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2024
Transaction ID : SA11AI.40108
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Meerhof, Eveann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4897 S Red Oaks Dr
 City Traverse City State MI Zip Code 49685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Interlochen Center for the Arts Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **08 / 17 / 2024**
Transaction ID : SA11AI.40109
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Meerhof, Eveann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4897 S Red Oaks Dr
 City Traverse City State MI Zip Code 49685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Interlochen Center for the Arts Occupation (for Individual) Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 17 / 2024**
Transaction ID : SA11AI.40110
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Mehl, Carter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1054 Peralta Avenue
 City Albany State CA Zip Code 94706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt **07 / 10 / 2024**
Transaction ID : SA11AI.40111
 Amount of Each Receipt this Period 50.00
 Memo Item

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 191
 (check only one)

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

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

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

Mailing Address 1054 Peralta Avenue

City Albany	State CA	Zip Code 94706
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2024

Transaction ID : SA11AI.40112

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 1054 Peralta Avenue

City Albany	State CA	Zip Code 94706
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1075.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2024

Transaction ID : SA11AI.40113

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 1054 Peralta Avenue

City Albany	State CA	Zip Code 94706
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2024

Transaction ID : SA11AI.40114

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mehl, Carter, , ,		Date of Receipt MM / DD / YYYY 09 / 13 / 2024 Transaction ID : SA11AI.40115
Mailing Address 1054 Peralta Avenue		Amount of Each Receipt this Period 100.00
City Albany	State CA	Zip Code 94706
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Michael & Rebecca Neidorf Family Trusst		Date of Receipt MM / DD / YYYY 08 / 27 / 2024 Transaction ID : SA11AI.39469
Mailing Address 11835 W. Olympic Blvd Suite 650E		Amount of Each Receipt this Period 1000.00
City Los Angeles	State CA	Zip Code 90064
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Milligan, Donald, , ,		Date of Receipt MM / DD / YYYY 09 / 09 / 2024 Transaction ID : SA11AI.40133
Mailing Address 15408 Main St - Unit 502		Amount of Each Receipt this Period 250.00
City Mill Creek	State WA	Zip Code 98012
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) WA State	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Minter, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1246 Ostrander Rd
 City Kelso State WA Zip Code 98626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNM Occupation (for Individual) business analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 09 / 2024
Transaction ID : SA11AI.40134
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Minter, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1246 Ostrander Rd
 City Kelso State WA Zip Code 98626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNM Occupation (for Individual) business analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 07 / 25 / 2024
Transaction ID : SA11AI.40135
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Minter, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1246 Ostrander Rd
 City Kelso State WA Zip Code 98626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNM Occupation (for Individual) business analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 08 / 09 / 2024
Transaction ID : SA11AI.40136
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Minter, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1246 Ostrander Rd
 City Kelso State WA Zip Code 98626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNM Occupation (for Individual) business analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 08 / 28 / 2024
Transaction ID : SA11AI.40137
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Minter, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1246 Ostrander Rd
 City Kelso State WA Zip Code 98626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNM Occupation (for Individual) business analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 09 / 2024
Transaction ID : SA11AI.40138
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Moore, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Whitman ct
 City Irvine State CA Zip Code 92617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 06 / 2024
Transaction ID : SA11AI.40145
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	155.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Moran, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3651 Avocet Ct
 City Merced State CA Zip Code 95340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Occupation (for Individual) professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 27 / 2024**
Transaction ID : SA11AI.40149
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Murphy, Kari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4104 Rodstol Ln SE
 City Port Orchard State WA Zip Code 98366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt **07 / 21 / 2024**
Transaction ID : SA11AI.40162
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Murphy, Kari, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4104 Rodstol Ln SE
 City Port Orchard State WA Zip Code 98366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt **08 / 06 / 2024**
Transaction ID : SA11AI.40163
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 OF 191
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Murphy, Kari, , ,

Mailing Address 4104 Rodstol Ln SE

City Port Orchard State WA Zip Code 98366

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2024
Transaction ID : SA11AI.40164

Amount of Each Receipt this Period
35.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Musey, Philip, , ,

Mailing Address 5372 Lassiter Drive

City Stone Mountain State GA Zip Code 30087

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

Name of Employer (for Individual) Self Occupation (for Individual) Filmmaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2024
Transaction ID : SA11AI.40168

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1198 SUNNY SLOPE RD

City LA POINTE State WI Zip Code 54850

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
675.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2024
Transaction ID : SA11AI.40170

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 385.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Nelson, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1198 SUNNY SLOPE RD
 City LA POINTE State WI Zip Code 54850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2024
Transaction ID : SA11AI.40171
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Nelson, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1198 SUNNY SLOPE RD
 City LA POINTE State WI Zip Code 54850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2024
Transaction ID : SA11AI.40172
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Nelson, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1198 SUNNY SLOPE RD
 City LA POINTE State WI Zip Code 54850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2024
Transaction ID : SA11AI.40173
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Newtown, Sheila, , ,

Mailing Address 3893 County Route 10

City DePeyster	State NY	Zip Code 13633
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2024

Transaction ID : SA11AI.40174

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Newtown, Sheila, , ,

Mailing Address 3893 County Route 10

City DePeyster	State NY	Zip Code 13633
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2024

Transaction ID : SA11AI.40175

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Newtown, Sheila, , ,

Mailing Address 3893 County Route 10

City DePeyster	State NY	Zip Code 13633
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
278.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2024

Transaction ID : SA11AI.40176

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

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

Mailing Address 8207 Belclaire LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1958.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2024

Transaction ID : SA11AI.40177

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 8207 Belclaire LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1983.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2024

Transaction ID : SA11AI.40178

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 8207 Belclaire LN

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2043.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2024

Transaction ID : SA11AI.40179

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Nicholls, Rosalie, , ,			Date of Receipt MM / DD / YYYY 07 / 15 / 2024 Transaction ID : SA11AI.40180
Mailing Address 8207 Belclaire LN			Amount of Each Receipt this Period 30.00
City Austin	State TX	Zip Code 78748	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2073.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nicholls, Rosalie, , ,			Date of Receipt MM / DD / YYYY 07 / 22 / 2024 Transaction ID : SA11AI.40181
Mailing Address 8207 Belclaire LN			Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78748	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2123.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Nicholls, Rosalie, , ,			Date of Receipt MM / DD / YYYY 07 / 22 / 2024 Transaction ID : SA11AI.40182
Mailing Address 8207 Belclaire LN			Amount of Each Receipt this Period 50.00
City Austin	State TX	Zip Code 78748	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2173.00		

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2223.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2024
Transaction ID : SA11AI.40183
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2024
Transaction ID : SA11AI.40184
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2024
Transaction ID : SA11AI.40185
 Amount of Each Receipt this Period
 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2338.00

Date of Receipt **07 / 31 / 2024**
Transaction ID : SA11AI.40186
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2363.00

Date of Receipt **08 / 02 / 2024**
Transaction ID : SA11AI.40187
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Nicholls, Rosalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8207 Belclaire LN
 City Austin State TX Zip Code 78748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2423.00

Date of Receipt **08 / 08 / 2024**
Transaction ID : SA11AI.40188
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Nicholls, Rosalie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 24 / 2024 Transaction ID : SA11AI.40189		
Mailing Address 8207 Belclaire LN			Amount of Each Receipt this Period 75.00		
City Austin	State TX	Zip Code 78748	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2498.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nicholls, Rosalie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 26 / 2024 Transaction ID : SA11AI.40190		
Mailing Address 8207 Belclaire LN			Amount of Each Receipt this Period 50.00		
City Austin	State TX	Zip Code 78748	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2548.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Nicholls, Rosalie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2024 Transaction ID : SA11AI.40191		
Mailing Address 8207 Belclaire LN			Amount of Each Receipt this Period 100.00		
City Austin	State TX	Zip Code 78748	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2648.00			

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

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

Mailing Address 8207 Belclaire LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2748.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2024

Transaction ID : SA11AI.40192

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2898.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2024

Transaction ID : SA11AI.40193

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address 8207 Belclaire LN

City Austin	State TX	Zip Code 78748
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2958.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2024

Transaction ID : SA11AI.40194

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Nicholls, Rosalie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2024 Transaction ID : SA11AI.40195
Mailing Address 8207 Belclaire LN			Amount of Each Receipt this Period 25.00
City Austin	State TX	Zip Code 78748	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2983.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oelsner, Leslie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2024 Transaction ID : SA11AI.40202
Mailing Address 1451 Canterbury Rd.			Amount of Each Receipt this Period 25.00
City Fayetteville	State AR	Zip Code 72701	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) self		Occupation (for Individual) social worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Oelsner, Leslie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2024 Transaction ID : SA11AI.40203
Mailing Address 1451 Canterbury Rd.			Amount of Each Receipt this Period 100.00
City Fayetteville	State AR	Zip Code 72701	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) self		Occupation (for Individual) social worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 675.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

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

Mailing Address 1451 Canterbury Rd.

City Fayetteville	State AR	Zip Code 72701
----------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) social worker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2024

Transaction ID : SA11AI.40204

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 1451 Canterbury Rd.

City Fayetteville	State AR	Zip Code 72701
----------------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) social worker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2024

Transaction ID : SA11AI.40205

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 1451 Canterbury Rd.

City Fayetteville	State AR	Zip Code 72701
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self	Occupation (for Individual) social worker
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2024

Transaction ID : SA11AI.40206

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Oelsner, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1451 Canterbury Rd.
 City Fayetteville State AR Zip Code 72701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) social worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2024
Transaction ID : SA11AI.40207
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Overs, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N56 W21414 Silver Spring Dr.
 City Menomonee Falls State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2024
Transaction ID : SA11AI.40218
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Overs, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N56 W21414 Silver Spring Dr.
 City Menomonee Falls State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2024
Transaction ID : SA11AI.40219
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Overs, Mark, , ,

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

Mailing Address N56 W21414 Silver Spring Dr.

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2024

Transaction ID : SA11AI.40220

Amount of Each Receipt this Period
100.00

Memo Item

B. Overs, Mark, , ,

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

Mailing Address N56 W21414 Silver Spring Dr.

City Menomonee Falls	State WI	Zip Code 53051
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2024

Transaction ID : SA11AI.40221

Amount of Each Receipt this Period
50.00

Memo Item

C. Overs, Mark, , ,

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

Mailing Address N56 W21414 Silver Spring Dr.

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2024

Transaction ID : SA11AI.40222

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Paquette, Elissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address #11 Pt. Sewall Rd.
 City Wolfeboro State NH Zip Code 03894
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Salmon Press Occupation (for Individual) journalist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2024
Transaction ID : SA11AI.40225
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Parks, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Porterford Rd
 City Union State MO Zip Code 63084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2024
Transaction ID : SA11AI.40229
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Parks, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Porterford Rd
 City Union State MO Zip Code 63084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2024
Transaction ID : SA11AI.40230
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Parks, Lee, , ,			Date of Receipt MM / DD / YYYY 08 / 07 / 2024 Transaction ID : SA11AI.40231
Mailing Address 500 Porterford Rd			Amount of Each Receipt this Period 25.00
City Union	State MO	Zip Code 63084	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00	
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Parks, Lee, , ,			Date of Receipt MM / DD / YYYY 08 / 20 / 2024 Transaction ID : SA11AI.40232
Mailing Address 500 Porterford Rd			Amount of Each Receipt this Period 25.00
City Union	State MO	Zip Code 63084	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 425.00	
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Parks, Lee, , ,			Date of Receipt MM / DD / YYYY 09 / 07 / 2024 Transaction ID : SA11AI.40233
Mailing Address 500 Porterford Rd			Amount of Each Receipt this Period 25.00
City Union	State MO	Zip Code 63084	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 450.00	
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 OF 191
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Parks, Lee, , ,

Mailing Address 500 Porterford Rd

City Union	State MO	Zip Code 63084
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2024
Transaction ID : SA11AI.40234

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Pearce, Mary Milburn, , ,

Mailing Address 11115 NE 160th Pl

City Bothell	State WA	Zip Code 98011
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Norway Hill Business Solutions	Occupation (for Individual) Managing Partner
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2024
Transaction ID : SA11AI.40243

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Percy, Elizabeth, , ,

Mailing Address 9724 n Sumter court

City Tucson	State AZ	Zip Code 85742
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2024
Transaction ID : SA11AI.40244

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Permaul, Nadesan, , ,

Mailing Address 104 Cambridge Way

City Piedmont	State CA	Zip Code 94611
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 04 / 2024

Transaction ID : SA11AI.40250

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Permaul, Nadesan, , ,

Mailing Address 104 Cambridge Way

City Piedmont	State CA	Zip Code 94611
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2024

Transaction ID : SA11AI.40251

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Permaul, Nadesan, , ,

Mailing Address 104 Cambridge Way

City Piedmont	State CA	Zip Code 94611
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2024

Transaction ID : SA11AI.40252

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Perrigo, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Ticino Rd
 City New Bern State NC Zip Code 28562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2024
Transaction ID : SA11AI.40255
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Pomeroy, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 East End Ave
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2024
Transaction ID : SA11AI.40270
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Pomeroy, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 East End Ave
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2024
Transaction ID : SA11AI.40271
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Pomeroy, Ellen, , ,		Date of Receipt MM / DD / YYYY 09 / 14 / 2024 Transaction ID : SA11AI.40272
Mailing Address 60 East End Ave		Amount of Each Receipt this Period 25.00
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Post, Fran, , ,		Date of Receipt MM / DD / YYYY 07 / 31 / 2024 Transaction ID : SA11AI.40278
Mailing Address 254 Woodland Ave		Amount of Each Receipt this Period 100.00
City Port Townsend	State WA	Zip Code 98368
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Reisel, Karl, , ,		Date of Receipt MM / DD / YYYY 07 / 20 / 2024 Transaction ID : SA11AI.40297
Mailing Address 1563 Riverdale Dr.		Amount of Each Receipt this Period 100.00
City Oconomowoc	State WI	Zip Code 53066
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reisel, Karl, , ,

Mailing Address 1563 Riverdale Dr.

City Oconomowoc	State WI	Zip Code 53066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2024

Transaction ID : SA11AI.40298

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reisel, Karl, , ,

Mailing Address 1563 Riverdale Dr.

City Oconomowoc	State WI	Zip Code 53066
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2024

Transaction ID : SA11AI.40299

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reisel, Karl, , ,

Mailing Address 1563 Riverdale Dr.

City Oconomowoc	State WI	Zip Code 53066
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2024

Transaction ID : SA11AI.40300

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Rideout, Ransom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 E. Loma Alta Dr.
 City Altadena State CA Zip Code 91001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CSUN College of Science and Mathemati Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2024
Transaction ID : SA11AI.40317
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Riecker, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 983
 City Salado State TX Zip Code 76571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) futures trader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2024
Transaction ID : SA11AI.40318
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Riecker, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 983
 City Salado State TX Zip Code 76571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) futures trader
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2024
Transaction ID : SA11AI.40319
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riecker, John, , ,

Mailing Address P.O. Box 983

City Salado	State TX	Zip Code 76571
----------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) futures trader
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2024

Transaction ID : SA11AI.40320

Amount of Each Receipt this Period
30.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riecker, John, , ,

Mailing Address P.O. Box 983

City Salado	State TX	Zip Code 76571
----------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) futures trader
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2024

Transaction ID : SA11AI.40321

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ritenbaugh, Cheryl, , ,

Mailing Address 4917 Oliver Ave S

City Minneapolis	State MN	Zip Code 55419-5256
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2024

Transaction ID : SA11AI.40327

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
rosen, michael, , ,

Mailing Address 5980 SE 30th St

City Mercer Island	State WA	Zip Code 98040
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Mr.	Occupation (for Individual) not employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2024

Transaction ID : SA11AI.40344

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenberg, Beth, , ,

Mailing Address 15 Waldo st

City Somerville	State MA	Zip Code 02143
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Tufts University	Occupation (for Individual) professor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2024

Transaction ID : SA11AI.40345

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 3936 SE Ankeny St

City portland	State OR	Zip Code 97214
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2024

Transaction ID : SA11AI.40351

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 OF 191
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

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

Mailing Address 3936 SE Ankeny St

City portland State OR Zip Code 97214

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
07 / 16 / 2024
Transaction ID : SA11AI.40352

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 3936 SE Ankeny St

City portland State OR Zip Code 97214

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
08 / 14 / 2024
Transaction ID : SA11AI.40353

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 3936 SE Ankeny St

City portland State OR Zip Code 97214

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt
08 / 16 / 2024
Transaction ID : SA11AI.40354

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

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

Mailing Address 3936 SE Ankeny St

City portland	State OR	Zip Code 97214
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2024

Transaction ID : SA11AI.40355

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 3936 SE Ankeny St

City portland	State OR	Zip Code 97214
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2024

Transaction ID : SA11AI.40356

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Saalwachter, Susie, , ,

Mailing Address 1564 Alki Ave SW Apt 104

City Seattle	State WA	Zip Code 98116
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2024

Transaction ID : SA11AI.40374

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Safier, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 N. Francisco Ave.
 City unit C State CA Zip Code 90277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) musician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2024
Transaction ID : SA11AI.40379
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Safier, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 N. Francisco Ave.
 City unit C State CA Zip Code 90277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) musician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2024
Transaction ID : SA11AI.40380
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Safier, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 N. Francisco Ave.
 City unit C State CA Zip Code 90277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) musician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2024
Transaction ID : SA11AI.40381
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Safier, Renee, , ,		Date of Receipt MM / DD / YYYY 08 / 13 / 2024 Transaction ID : SA11AI.40382
Mailing Address 516 N. Francisco Ave.		Amount of Each Receipt this Period 25.00
City unit C	State CA	Zip Code 90277
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) musician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Safier, Renee, , ,		Date of Receipt MM / DD / YYYY 09 / 02 / 2024 Transaction ID : SA11AI.40383
Mailing Address 516 N. Francisco Ave.		Amount of Each Receipt this Period 25.00
City unit C	State CA	Zip Code 90277
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) musician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Safier, Renee, , ,		Date of Receipt MM / DD / YYYY 09 / 13 / 2024 Transaction ID : SA11AI.40384
Mailing Address 516 N. Francisco Ave.		Amount of Each Receipt this Period 25.00
City unit C	State CA	Zip Code 90277
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self	Occupation (for Individual) musician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Sasso, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 358 12th Street #1L
 City Brooklyn State NY Zip Code 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapists of NY Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2024
Transaction ID : SA11AI.40395
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Saval, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3603 Lajitas
 City Leander State TX Zip Code 78641-3654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2024
Transaction ID : SA11AI.40397
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Scherpenisse, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14891 Cross Lane
 City Spring Lake State MI Zip Code 49456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2024
Transaction ID : SA11AI.40402
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Scherpenisse, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14891 Cross Lane
 City Spring Lake State MI Zip Code 49456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **08 / 08 / 2024**
Transaction ID : SA11AI.40403
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Schroeder, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1844 E 11th Ave.
 City Spokane State WA Zip Code 99202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 19 / 2024**
Transaction ID : SA11AI.40412
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Silver, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 Arlington Ave
 City Berkeley State CA Zip Code 94707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Z Space Occupation (for Individual) actor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **08 / 14 / 2024**
Transaction ID : SA11AI.40433
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	570.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Simmons, Maalik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 i Street SE Apt 512
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senate Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2024
Transaction ID : SA11AI.40435
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Smallens, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Bobolink Road
 City Yonkers State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spotify Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2024
Transaction ID : SA11AI.40437
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Smudz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4655 Haymarket
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3775.00

Date of Receipt 07 / 07 / 2024
Transaction ID : SA11AI.40438
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Smudz, Susan, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2024 Transaction ID : SA11AI.40439
Mailing Address 4655 Haymarket			Amount of Each Receipt this Period 250.00
City Columbus	State OH	Zip Code 43220	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4025.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smudz, Susan, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2024 Transaction ID : SA11AI.40440
Mailing Address 4655 Haymarket			Amount of Each Receipt this Period 200.00
City Columbus	State OH	Zip Code 43220	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4225.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Smudz, Susan, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 03 / 2024 Transaction ID : SA11AI.40441
Mailing Address 4655 Haymarket			Amount of Each Receipt this Period 170.00
City Columbus	State OH	Zip Code 43220	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 4395.00	

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Smudz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4655 Haymarket
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4695.00

Date of Receipt 08 / 10 / 2024
Transaction ID : SA11AI.40442
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Smudz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4655 Haymarket
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4895.00

Date of Receipt 08 / 22 / 2024
Transaction ID : SA11AI.40443
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Smudz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4655 Haymarket
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4995.00

Date of Receipt 08 / 27 / 2024
Transaction ID : SA11AI.40444
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Smudz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4655 Haymarket
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5195.00

Date of Receipt
 08 / 30 / 2024
Transaction ID : SA11AI.40445
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Smudz, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4655 Haymarket
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5695.00

Date of Receipt
 09 / 21 / 2024
Transaction ID : SA11AI.40446
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Solez, Elaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8711 Saskatchewan Drive
 City Edmonton State ZZ Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 22 / 2024
Transaction ID : SA11AI.40449
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	725.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Stanberry, Amy, , ,			Date of Receipt MM / DD / YYYY 09 / 05 / 2024 Transaction ID : SA11AI.40457
Mailing Address 1203 Stone Harbour Road			Amount of Each Receipt this Period 40.00
City Winter Springs	State FL	Zip Code 32708	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) self		Occupation (for Individual) acupuncturist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Steinhauer, Jerry, , ,			Date of Receipt MM / DD / YYYY 09 / 03 / 2024 Transaction ID : SA11AI.40464
Mailing Address 221 S Owen Drive			Amount of Each Receipt this Period 500.00
City Madison	State WI	Zip Code 53705	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Singlewire Software LLC		Occupation (for Individual) CTO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Strid, Eric, , ,			Date of Receipt MM / DD / YYYY 07 / 31 / 2024 Transaction ID : SA11AI.40474
Mailing Address 545 Sw Waubish St			Amount of Each Receipt this Period 100.00
City White Salmon	State WA	Zip Code 98672	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	640.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Thomas, Vonne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 518
 City Garberville State CA Zip Code 95542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2024
Transaction ID : SA11AI.40496
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Thomas, Vonne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 518
 City Garberville State CA Zip Code 95542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2024
Transaction ID : SA11AI.40497
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Thomas, Vonne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 518
 City Garberville State CA Zip Code 95542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2024
Transaction ID : SA11AI.40498
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 191		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
tingley, dilla, , ,

Mailing Address 140 Lincoln Rd Unit 11

City Lincoln	State MA	Zip Code 01773
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2024

Transaction ID : SA11AI.40500

Amount of Each Receipt this Period
400.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Verderber, Elsa, , ,

Mailing Address 1635 Roseland Ave

City East Lansing	State MI	Zip Code 48823
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2024

Transaction ID : SA11AI.40522

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 6250 Telegraph Road Apt 1210

City Ventura	State CA	Zip Code 93003
-----------------	-------------	-------------------

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

Name of Employer (for Individual) self	Occupation (for Individual) Wildlife Biologist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2024

Transaction ID : SA11AI.40534

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	505.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Weaver, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4471 Dogwood Ct
 City North Canton State OH Zip Code 44720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goodyear Tire Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 07 / 07 / 2024
Transaction ID : SA11AI.40542
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Weaver, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4471 Dogwood Ct
 City North Canton State OH Zip Code 44720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goodyear Tire Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 08 / 09 / 2024
Transaction ID : SA11AI.40543
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Weaver, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4471 Dogwood Ct
 City North Canton State OH Zip Code 44720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goodyear Tire Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 08 / 22 / 2024
Transaction ID : SA11AI.40544
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Weaver, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4471 Dogwood Ct
 City North Canton State OH Zip Code 44720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goodyear Tire Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **08 / 29 / 2024**
Transaction ID : SA11AI.40545
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Weaver, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4471 Dogwood Ct
 City North Canton State OH Zip Code 44720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goodyear Tire Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **09 / 22 / 2024**
Transaction ID : SA11AI.40546
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Weaver, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4471 Dogwood Ct
 City North Canton State OH Zip Code 44720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Goodyear Tire Occupation (for Individual) Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 27 / 2024**
Transaction ID : SA11AI.40547
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 191
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Weicker, Dorothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5555 Montgomery Drive
 City Santa Rosa State CA Zip Code 95409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 09 / 04 / 2024
Transaction ID : SA11AI.40548
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Weil, Jesse, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3451 Redcoach Trail
 City Lexixngton State KY Zip Code 40517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 27 / 2024
Transaction ID : SA11AI.40551
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Weil, Jesse L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3451 Redcoach Trail
 City Lexington State KY Zip Code 40517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 09 / 07 / 2024
Transaction ID : SA11AI.40554
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Weiner, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 S Bruner St
 City Hinsdale State IL Zip Code 60521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwestern Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 09 / 19 / 2024
Transaction ID : SA11AI.40556
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Weissbourd, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 Huron Avenue
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harvard Grad School of Ed Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 18 / 2024
Transaction ID : SA11AI.40562
 Amount of Each Receipt this Period 4000.00
 Memo Item

C. Wiedmann, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 861 E. Bennett Ave.
 City Glendora State CA Zip Code 91741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2024
Transaction ID : SA11AI.40572
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4065.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Wollman, Harrison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 P St NW Apt 612
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Levinson Group Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 11 / 2024
Transaction ID : SA11AI.40581
 Amount of Each Receipt this Period 450.00
 Memo Item

B. Wright, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1025 Stoney Creek Lane M
 City Mt. Pleasant State MI Zip Code 48858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Michigan University Occupation (for Individual) University Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 21 / 2024
Transaction ID : SA11AI.40585
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	39931.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 191
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Allen, Edie, , ,		Date of Receipt MM / DD / YYYY 07 / 18 / 2024 Transaction ID : SA17.39459
Mailing Address 53 Richfield Rd		Amount of Each Receipt this Period 30000.00
City Arlington	State MA	Zip Code 02424
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)		Contribution - IE Only Account
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ansara, Michael, , ,		Date of Receipt MM / DD / YYYY 07 / 16 / 2024 Transaction ID : SA17.39458
Mailing Address 225 Lowell St		Amount of Each Receipt this Period 5000.00
City Carlisle	State MA	Zip Code 01741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Not employed		Contribution - IE Only Account
Occupation (for Individual) Not employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gilmore, Elizabeth, , ,		Date of Receipt MM / DD / YYYY 07 / 03 / 2024 Transaction ID : SA17.39456
Mailing Address 39 W. 11th st		Amount of Each Receipt this Period 50000.00
City New York	State NY	Zip Code 10011
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired		Contribution - IE Only Account
Occupation (for Individual) Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 50000.00	

SUBTOTAL of Receipts This Page (optional).....	85000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 191
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. GRASSROOTS DEMOCRATS HQ
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 E OCEAN BL #685

City LONG BEACH	State CA	Zip Code 90802
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00707091

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
58000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2024
Transaction ID : SA17.39461

Amount of Each Receipt this Period
10000.00

Memo Item
Contribution - IE Only Account

B. GRASSROOTS DEMOCRATS HQ
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 E OCEAN BL #685

City LONG BEACH	State CA	Zip Code 90802
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00707091

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
78000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2024
Transaction ID : SA17.39462

Amount of Each Receipt this Period
20000.00

Memo Item
Contribution - IE Only Account

C. Simmons, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Mt. Auburn Street

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)
 Self Investor

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2024
Transaction ID : SA17.39453

Amount of Each Receipt this Period
5000.00

Memo Item
Contribution - IE Only Account

SUBTOTAL of Receipts This Page (optional).....	35000.00
TOTAL This Period (last page this line number only).....	120000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 09 / 30 / 2024
Mailing Address PO Box 441146		FEC Identification Number C Transaction ID : SB21B.41236 Amount of Each Disbursement this Period 3075.99
City Somerville	State MA	
Zip Code 02144		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Action Squared LLC		Date of Disbursement MM / DD / YYYY 07 / 10 / 2024
Mailing Address 1900 L Street, NW Suite 900		FEC Identification Number C Transaction ID : SB21B.40708 Amount of Each Disbursement this Period 1607.91
City Washington	State DC	
Zip Code 20036		Memo Item <input type="checkbox"/>
Purpose of Disbursement Database Management		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Action Squared LLC		Date of Disbursement MM / DD / YYYY 07 / 23 / 2024
Mailing Address 1900 L Street, NW Suite 900		FEC Identification Number C Transaction ID : SB21B.40711 Amount of Each Disbursement this Period 10.60
City Washington	State DC	
Zip Code 20036		Memo Item <input type="checkbox"/>
Purpose of Disbursement Database Management		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4694.10
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Action Squared LLC

Mailing Address 1900 L Street, NW
Suite 900

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

Database Management

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB21B.40719

Amount of Each Disbursement this Period

[] 1646.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Action Squared LLC

Mailing Address 1900 L Street, NW
Suite 900

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

Database Management

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB21B.40721

Amount of Each Disbursement this Period

[] 10.60

Memo Item

Full Name (Last, First, Middle Initial)

C. Action Squared LLC

Mailing Address 1900 L Street, NW
Suite 900

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

Database Management

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB21B.40725

Amount of Each Disbursement this Period

[] 1510.10

Memo Item

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

[] 3167.20

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Action Squared LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1900 L Street, NW
Suite 900

City Washington State DC Zip Code 20036

Purpose of Disbursement Database Management

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY 09 / 24 / 2024

FEC Identification Number C

Transaction ID : SB21B.40744

Amount of Each Disbursement this Period 10.60

Memo Item

B. Amalgamated Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K Street, N.W

City Washington State DC Zip Code 20006

Purpose of Disbursement Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY 07 / 26 / 2024

FEC Identification Number C

Transaction ID : SB21B.40715

Amount of Each Disbursement this Period 12.63

Memo Item

C. Amalgamated Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K Street, N.W

City Washington State DC Zip Code 20006

Purpose of Disbursement Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY 08 / 29 / 2024

FEC Identification Number C

Transaction ID : SB21B.40723

Amount of Each Disbursement this Period 12.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 36.07

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Amalgamated Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1825 K Street, N.W

City Washington State DC Zip Code 20006

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2024

FEC Identification Number: C
Transaction ID : SB21B.40745
Amount of Each Disbursement this Period: 12.63

Memo Item

B. Amoah, Vnessa A., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 221 N Catalina St.

City Los Angeles State CA Zip Code 90004

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 17 / 2024

FEC Identification Number: C
Transaction ID : SB21B.40732
Amount of Each Disbursement this Period: 250.00

Memo Item

C. Atkins, Michaela H., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6014 N 35th St

City Omaha State NE Zip Code 68111

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 18 / 2024

FEC Identification Number: C
Transaction ID : SB21B.40734
Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 512.63

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Bhatt, Nikhita, , ,

Mailing Address 10700 Butterfly Court

City
North Potomac

State
MD

Zip Code
20878

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.40793

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bhatt, Nikhita, , ,

Mailing Address 10700 Butterfly Court

City
North Potomac

State
MD

Zip Code
20878

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.40794

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bhatt, Nikhita, , ,

Mailing Address 10700 Butterfly Court

City
North Potomac

State
MD

Zip Code
20878

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.40795

Amount of Each Disbursement this Period

225.00

Memo Item

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

525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Cai, Jessie X., , ,

Mailing Address 10304 Congressional Ct.

City Ellicott City State MD Zip Code 21042

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.40806

Amount of Each Disbursement this Period

[] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cai, Jessie X., , ,

Mailing Address 10304 Congressional Ct.

City Ellicott City State MD Zip Code 21042

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.40807

Amount of Each Disbursement this Period

[] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cai, Jessie X., , ,

Mailing Address 10304 Congressional Ct.

City Ellicott City State MD Zip Code 21042

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2024

FEC Identification Number

C []

Transaction ID : SB21B.40808

Amount of Each Disbursement this Period

[] 225.00

Memo Item

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

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

[] 525.00

[]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Disbursement for Cai, Jessie X., , , . Includes fields for date (09/30/2024), address (10304 Congressional Ct.), city (Ellicott City, MD), purpose (Strategic Consulting), and amount (150.00).

Form B: Disbursement for Campbell, Alexis B., , , . Includes fields for date (07/15/2024), address (270 Honey Lane), city (Fayetteville, GA), purpose (Strategic Consulting), and amount (150.00).

Form C: Disbursement for Campbell, Alexis B., , , . Includes fields for date (07/29/2024), address (270 Honey Lane), city (Fayetteville, GA), purpose (Strategic Consulting), and amount (150.00).

SUBTOTAL of Disbursements This Page (optional) 450.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Disbursement for Campbell, Alexis B. Includes fields for name, address, date (08/16/2024), purpose (Strategic Consulting), and amount (225.00).

Form B: Disbursement for Carrion, Nathan. Includes fields for name, address, date (07/02/2024), purpose (Strategic Consulting), and amount (150.00).

Form C: Disbursement for Carrion, Nathan. Includes fields for name, address, date (07/15/2024), purpose (Strategic Consulting), and amount (150.00).

SUBTOTAL of Disbursements This Page (optional) 525.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Carrion, Nathan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8900 Burnet Ave.
203

City North Hills State CA Zip Code 91343

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 29 / 2024

FEC Identification Number: C
Transaction ID : SB21B.40819

Amount of Each Disbursement this Period: 150.00

Memo Item

B. Carrion, Nathan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 8900 Burnet Ave.
203

City North Hills State CA Zip Code 91343

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C
Transaction ID : SB21B.40820

Amount of Each Disbursement this Period: 150.00

Memo Item

C. Carter, Taylor A., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 25480 Water Wheel Ct

City Menifee State CA Zip Code 92584

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C
Transaction ID : SB21B.40824

Amount of Each Disbursement this Period: 225.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial) A. Carter, Taylor A., , ,		Date of Disbursement MM / DD / YYYY 09 / 30 / 2024	
Mailing Address 25480 Water Wheel Ct		FEC Identification Number C [] Transaction ID : SB21B.40825 Amount of Each Disbursement this Period [] 75.00	
City Menifee	State CA	Zip Code 92584	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Chaves, Stefano Manuel F., , ,		Date of Disbursement MM / DD / YYYY 07 / 15 / 2024	
Mailing Address 27314 Bentrige Park Ln.		FEC Identification Number C [] Transaction ID : SB21B.40828 Amount of Each Disbursement this Period [] 150.00	
City Katy	State TX	Zip Code 77494	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Chaves, Stefano Manuel F., , ,		Date of Disbursement MM / DD / YYYY 07 / 29 / 2024	
Mailing Address 27314 Bentrige Park Ln.		FEC Identification Number C [] Transaction ID : SB21B.40828 Amount of Each Disbursement this Period [] 150.00	
City Katy	State TX	Zip Code 77494	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 375.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Chaves, Stefano Manuel F., , ,

Mailing Address 27314 Bentrige Park Ln.

City
Katy

State
TX

Zip Code
77494

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40830

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Chavez, Noelia, , ,

Mailing Address 205 W 26th St.

City
Sanford

State
FL

Zip Code
32773

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40831

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cork Wine Bar

Mailing Address 1805 14th Street NW

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement

Catering

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40713

Amount of Each Disbursement this Period

1353.00

Memo Item

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

1728.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Darrow, Lydia, , ,

Mailing Address 370 Riverside Dr.
7D

City New York State NY Zip Code 10025

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40842

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Diaz-Guerrero, Leslie, , ,

Mailing Address 19780 Jack Tone Road

City Manteca State CA Zip Code 95336

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40846

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Diaz-Guerrero, Leslie, , ,

Mailing Address 19780 Jack Tone Road

City Manteca State CA Zip Code 95336

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40847

Amount of Each Disbursement this Period

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

Memo Item

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

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

4	5	0	0	0	0
---	---	---	---	---	---

4	5	0	0	0	0
---	---	---	---	---	---

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Diaz-Guerrero, Leslie. Date of Disbursement: 08/16/2024. Amount: 225.00. Transaction ID: SB21B.40848.

Form B: Dolce, Ashton. Date of Disbursement: 07/15/2024. Amount: 75.00. Transaction ID: SB21B.40851.

Form C: Dolce, Ashton. Date of Disbursement: 07/29/2024. Amount: 150.00. Transaction ID: SB21B.40852.

SUBTOTAL of Disbursements This Page (optional) 450.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Dolce, Ashton, , ,

Mailing Address 6335 East Turquoise Avenue

City
Paradise Valley

State
AZ

Zip Code
85253

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40853

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dutta, Anya, , ,

Mailing Address 1775 Westwind Way

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40854

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dutta, Anya, , ,

Mailing Address 1775 Westwind Way

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40855

Amount of Each Disbursement this Period

150.00

Memo Item

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

525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Dutta, Anya, , ,

Mailing Address 1775 Westwind Way

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40856

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dutta, Anya, , ,

Mailing Address 1775 Westwind Way

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40857

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dutta, Anya, , ,

Mailing Address 1775 Westwind Way

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40858

Amount of Each Disbursement this Period

150.00

Memo Item

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

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

525.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Esayas, Joseias, , ,

Mailing Address 11810 Lelda Ln.

City
Houston

State
TX

Zip Code
77071

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40863

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Fischer, Leah, , ,

Mailing Address 1065 Napoli Drive

City
Pacific Palisades

State
CA

Zip Code
90272

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40868

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Fischer, Leah, , ,

Mailing Address 1065 Napoli Drive

City
Pacific Palisades

State
CA

Zip Code
90272

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40866

Amount of Each Disbursement this Period

150.00

Memo Item

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

450.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Fischer, Leah, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1065 Napoli Drive

City Pacific Palisades State CA Zip Code 90272

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40870

Amount of Each Disbursement this Period: 225.00

Memo Item

B. Fischer, Leah, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1065 Napoli Drive

City Pacific Palisades State CA Zip Code 90272

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40871

Amount of Each Disbursement this Period: 150.00

Memo Item

C. Flowers, Lonyah, N, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 44110 Carol Side Ave.

City Lancaster State CA Zip Code 92525

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40871

Amount of Each Disbursement this Period: 150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Flowers, Lonyah, N, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 44110 Carol Side Ave.

City Lancaster State CA Zip Code 92525

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40876

Amount of Each Disbursement this Period: 7.00

Memo Item

B. Flowers, Lonyah, N, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 44110 Carol Side Ave.

City Lancaster State CA Zip Code 92525

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40877

Amount of Each Disbursement this Period: 225.00

Memo Item

C. Foley Marketing

Full Name (Last, First, Middle Initial)

Mailing Address 317 Grefer Ln. #4172

City Harvey State LA Zip Code 70058

Purpose of Disbursement T-Shirts

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 20 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40735

Amount of Each Disbursement this Period: 923.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1155.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Gomez, Emily D., , , Disbursement on 07/15/2024 for Strategic Consulting, Amount: 150.00.

Form B: Gomez, Emily D., , , Disbursement on 07/29/2024 for Strategic Consulting, Amount: 150.00.

Form C: Gomez, Emily D., , , Disbursement on 08/16/2024 for Strategic Consulting, Amount: 225.00.

SUBTOTAL of Disbursements This Page (optional) 525.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial) A. Granda, Frank, , ,		Date of Disbursement MM / DD / YYYY 07 / 15 / 2024	
Mailing Address 10932 Baroque Lane		FEC Identification Number C [] Transaction ID : SB21B.40897	
City San Diego	State CA	Zip Code 92124	Amount of Each Disbursement this Period [] 150.00
Purpose of Disbursement Strategic Consulting		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Granda, Frank, , ,		Date of Disbursement MM / DD / YYYY 07 / 29 / 2024	
Mailing Address 10932 Baroque Lane		FEC Identification Number C [] Transaction ID : SB21B.40898	
City San Diego	State CA	Zip Code 92124	Amount of Each Disbursement this Period [] 150.00
Purpose of Disbursement Strategic Consulting		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Granda, Frank, , ,		Date of Disbursement MM / DD / YYYY 08 / 16 / 2024	
Mailing Address 10932 Baroque Lane		FEC Identification Number C [] Transaction ID : SB21B.40899	
City San Diego	State CA	Zip Code 92124	Amount of Each Disbursement this Period [] 225.00
Purpose of Disbursement Strategic Consulting		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 525.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial) A. Grant, Tianna, , ,		Date of Disbursement MM / DD / YYYY 07 / 15 / 2024	
Mailing Address 115 Goose Pond Road		FEC Identification Number C [] Transaction ID : SB21B.40901 Amount of Each Disbursement this Period [] 150.00	
City Stafford	State VA	Zip Code 22556	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Grant, Tianna, , ,		Date of Disbursement MM / DD / YYYY 07 / 29 / 2024	
Mailing Address 115 Goose Pond Road		FEC Identification Number C [] Transaction ID : SB21B.40902 Amount of Each Disbursement this Period [] 150.00	
City Stafford	State VA	Zip Code 22556	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Grant, Tianna, , ,		Date of Disbursement MM / DD / YYYY 08 / 16 / 2024	
Mailing Address 115 Goose Pond Road		FEC Identification Number C [] Transaction ID : SB21B.40903 Amount of Each Disbursement this Period [] 225.00	
City Stafford	State VA	Zip Code 22556	Category/ Type []
Purpose of Disbursement Strategic Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 525.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Grassroots Analytics

Full Name (Last, First, Middle Initial)

Mailing Address 806 7th St. NW

City Washington State DC Zip Code 20001

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 23 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40742

Amount of Each Disbursement this Period: 350.00

Memo Item

B. Johnson, Samantha, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 818 D St. Apt #8

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40937

Amount of Each Disbursement this Period: 150.00

Memo Item

C. Khaleghian, Tara, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1155 23rd Street

City Manhattan Beach State CA Zip Code 90266

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40946

Amount of Each Disbursement this Period: 150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 650.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Khaleghian, Tara, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1155 23rd Street

City Manhattan Beach State CA Zip Code 90266

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40947

Amount of Each Disbursement this Period: 150.00

Memo Item

B. Khaleghian, Tara, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1155 23rd Street

City Manhattan Beach State CA Zip Code 90266

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40948

Amount of Each Disbursement this Period: 225.00

Memo Item

C. Khan, Ariana, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1732 Cambria Drive

City East Lansing State MI Zip Code 48823

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2024

FEC Identification Number: C

Transaction ID : SB21B.40951

Amount of Each Disbursement this Period: 150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Khan, Ariana, , ,

Mailing Address 1732 Cambria Drive

City
East Lansing

State
MI

Zip Code
48823

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.40952

Amount of Each Disbursement this Period

[Redacted]	150.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

B. Khan, Ariana, , ,

Mailing Address 1732 Cambria Drive

City
East Lansing

State
MI

Zip Code
48823

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.40953

Amount of Each Disbursement this Period

[Redacted]	225.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

C. Khdlryan, Jasmine, , ,

Mailing Address 13656 Polk St.

City
Sylmar

State
CA

Zip Code
91342

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.40954

Amount of Each Disbursement this Period

[Redacted]	150.00
------------	--------

Memo Item

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

[Redacted]	525.00
------------	--------

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

[Redacted]	
------------	--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Full Name (Last, First, Middle Initial)
Khdrlaryan, Jasmine, , ,

Mailing Address 13656 Polk St.

City Sylmar State CA Zip Code 91342

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2024

FEC Identification Number
C

Transaction ID : SB21B.40957

Amount of Each Disbursement this Period
150.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Khdrlaryan, Jasmine, , ,

Mailing Address 13656 Polk St.

City Sylmar State CA Zip Code 91342

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 29 / 2024

FEC Identification Number
C

Transaction ID : SB21B.40958

Amount of Each Disbursement this Period
150.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Khdrlaryan, Jasmine, , ,

Mailing Address 13656 Polk St.

City Sylmar State CA Zip Code 91342

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 16 / 2024

FEC Identification Number
C

Transaction ID : SB21B.40955

Amount of Each Disbursement this Period
225.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Khdlaryan, Jasmine, , ,

Mailing Address 13656 Polk St.

City
Sylmar

State
CA

Zip Code
91342

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40960

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Landeros, Luis, , ,

Mailing Address 2441 Haste St.
NS-204A-1AS & RM 204

City
Berkeley

State
CA

Zip Code
94704

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40969

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lee, Bella, , ,

Mailing Address 9 Wolfback Ridge Rd.

City
Sausalito

State
CA

Zip Code
94965

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.40972

Amount of Each Disbursement this Period

150.00

Memo Item

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

450.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b through 30b with checkboxes.

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Disbursement for Lee, Bella, , , dated 07/15/2024, amount 150.00.

Form B: Disbursement for Lee, Bella, , , dated 07/29/2024, amount 150.00.

Form C: Disbursement for Lee, Bella, , , dated 08/16/2024, amount 225.00.

SUBTOTAL of Disbursements This Page (optional) 525.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Lee, Briana, , ,

Mailing Address 18932 Rockinghorse Ln.

City
Huntington Beach

State
CA

Zip Code
92648

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.40976

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lee, Briana, , ,

Mailing Address 18932 Rockinghorse Ln.

City
Huntington Beach

State
CA

Zip Code
92648

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.40977

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lee, Briana, , ,

Mailing Address 18932 Rockinghorse Ln.

City
Huntington Beach

State
CA

Zip Code
92648

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.40978

Amount of Each Disbursement this Period

150.00

Memo Item

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

450.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Lee, Briana, , ,
Mailing Address 18932 Rockinghorse Ln.
City Huntington Beach, State CA, Zip Code 92648
Purpose of Disbursement: Strategic Consulting
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other
Date of Disbursement: 08/16/2024
FEC Identification Number: C
Transaction ID: SB21B.40979
Amount of Each Disbursement this Period: 225.00
Memo Item: []

Form B: Marant, Olivia L., , ,
Mailing Address 506 Idlewild Dr B
City Houma, State LA, Zip Code 70364
Purpose of Disbursement: Strategic Consulting
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other
Date of Disbursement: 07/15/2024
FEC Identification Number: C
Transaction ID: SB21B.40992
Amount of Each Disbursement this Period: 150.00
Memo Item: []

Form C: Marant, Olivia L., , ,
Mailing Address 506 Idlewild Dr B
City Houma, State LA, Zip Code 70364
Purpose of Disbursement: Strategic Consulting
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other
Date of Disbursement: 07/29/2024
FEC Identification Number: C
Transaction ID: SB21B.40993
Amount of Each Disbursement this Period: 150.00
Memo Item: []

SUBTOTAL of Disbursements This Page (optional)..... 525.00
TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Marant, Olivia L., , , Disbursement details including date (08/16/2024), amount (225.00), and transaction ID (SB21B.40994).

Form B: Marant, Olivia L., , , Disbursement details including date (09/30/2024), amount (150.00), and transaction ID (SB21B.40995).

Form C: Matsumoto, Samuel, , , Disbursement details including date (07/02/2024), amount (150.00), and transaction ID (SB21B.40996).

SUBTOTAL of Disbursements This Page (optional) 525.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Disbursement for Matsumoto, Samuel. Date: 07/15/2024. Amount: 150.00. Transaction ID: SB21B.40997.

Form B: Disbursement for Matsumoto, Samuel. Date: 07/29/2024. Amount: 150.00. Transaction ID: SB21B.40998.

Form C: Disbursement for Matsumoto, Samuel. Date: 08/16/2024. Amount: 225.00. Transaction ID: SB21B.40999.

SUBTOTAL of Disbursements This Page (optional) 525.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Disbursement for Matsumoto, Samuel. Includes fields for name, address, date (09/30/2024), purpose (Strategic Consulting), and amount (150.00).

Form B: Disbursement for McGuire, Kaitlyn S. S. Includes fields for name, address, date (07/15/2024), purpose (Strategic Consulting), and amount (150.00).

Form C: Disbursement for McGuire, Kaitlyn S. S. Includes fields for name, address, date (07/29/2024), purpose (Strategic Consulting), and amount (75.00).

SUBTOTAL of Disbursements This Page (optional) 375.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: McGuire, Kaitlyn S. S., , , . Includes fields for Name, Address, Date of Disbursement (08/16/2024), Purpose (Strategic Consulting), and Amount (75.00).

Form B: Moreno, Taino, , , . Includes fields for Name, Address, Date of Disbursement (09/30/2024), Purpose (Strategic Consulting), and Amount (150.00).

Form C: Moreno, Taino J., , , . Includes fields for Name, Address, Date of Disbursement (07/15/2024), Purpose (Strategic Consulting), and Amount (150.00).

SUBTOTAL of Disbursements This Page (optional) 375.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Moreno, Taino J., , ,

Mailing Address 2020 Vanderbilt Lane
Apt 2

City
Redondo Beach

State
CA

Zip Code
90278

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.41018

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Moreno, Taino J., , ,

Mailing Address 2020 Vanderbilt Lane
Apt 2

City
Redondo Beach

State
CA

Zip Code
90278

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.41019

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Obioha, Eneanya, , ,

Mailing Address 5209 Spurr Terrace

City
Ellicott City

State
MD

Zip Code
21043

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.41025

Amount of Each Disbursement this Period

150.00

Memo Item

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

525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Obioha, Eneanya, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5209 Spurr Terrace

City Ellicott City State MD Zip Code 21043

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41030

Amount of Each Disbursement this Period: 150.00

Memo Item

B. Obioha, Eneanya, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5209 Spurr Terrace

City Ellicott City State MD Zip Code 21043

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41031

Amount of Each Disbursement this Period: 225.00

Memo Item

C. Packer, Izabella, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 235 Hoyt St. 12 G

City Brooklyn State NY Zip Code 11217

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41033

Amount of Each Disbursement this Period: 150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Panesar, Gia K., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 20 Newcastle Dr.

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 15 / 2024

FEC Identification Number: C
Transaction ID : SB21B.41036

Amount of Each Disbursement this Period: 150.00

Memo Item

B. Panesar, Gia K., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 20 Newcastle Dr.

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 29 / 2024

FEC Identification Number: C
Transaction ID : SB21B.41037

Amount of Each Disbursement this Period: 150.00

Memo Item

C. Panesar, Gia K., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 20 Newcastle Dr.

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C
Transaction ID : SB21B.41038

Amount of Each Disbursement this Period: 225.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Paredes, Rania E., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 16846 San Jose St.

City Granada Hills State CA Zip Code 91344

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41041

Amount of Each Disbursement this Period: 150.00

Memo Item

B. Paredes, Rania E., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 16846 San Jose St.

City Granada Hills State CA Zip Code 91344

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41042

Amount of Each Disbursement this Period: 150.00

Memo Item

C. Paredes, Rania E., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 16846 San Jose St.

City Granada Hills State CA Zip Code 91344

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41043

Amount of Each Disbursement this Period: 225.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Paredes, Rania E., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 16846 San Jose St.

City Granada Hills State CA Zip Code 91344

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2024

FEC Identification Number
C

Transaction ID : SB21B.41044

Amount of Each Disbursement this Period
75.00

Memo Item

B. Pascual, Juliana, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 201 Grand Avenue

City Leonia State NJ Zip Code 07605

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2024

FEC Identification Number
C

Transaction ID : SB21B.41051

Amount of Each Disbursement this Period
150.00

Memo Item

C. Pascual, Juliana, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 201 Grand Avenue

City Leonia State NJ Zip Code 07605

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 29 / 2024

FEC Identification Number
C

Transaction ID : SB21B.41052

Amount of Each Disbursement this Period
150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 375.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Pascual, Juliana, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 201 Grand Avenue

City Leonia State NJ Zip Code 07605

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 16 / 2024

FEC Identification Number
C

Transaction ID : SB21B.41053

Amount of Each Disbursement this Period
225.00

Memo Item

B. Pascual, Juliana, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 201 Grand Avenue

City Leonia State NJ Zip Code 07605

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2024

FEC Identification Number
C

Transaction ID : SB21B.41054

Amount of Each Disbursement this Period
150.00

Memo Item

C. Polarouthu, Nandini, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 966 Astoria Dr.

City Sunnyvale State CA Zip Code 94087

Purpose of Disbursement
Strategic Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2024

FEC Identification Number
C

Transaction ID : SB21B.4106t

Amount of Each Disbursement this Period
150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Polarouthu, Nandini R., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 966 Astoria Dr.

City Sunnyvale State CA Zip Code 94087

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41063

Amount of Each Disbursement this Period: 150.00

Memo Item

B. Polarouthu, Nandini R., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 966 Astoria Dr.

City Sunnyvale State CA Zip Code 94087

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41064

Amount of Each Disbursement this Period: 150.00

Memo Item

C. Polarouthu, Nandini R., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 966 Astoria Dr.

City Sunnyvale State CA Zip Code 94087

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41065

Amount of Each Disbursement this Period: 225.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Prashanth, Pia T., , ,

Mailing Address 16858 Mariposa Avenue

City
Riverside

State
CA

Zip Code
92504

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.41070

Amount of Each Disbursement this Period

[Redacted] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Prashanth, Pia T., , ,

Mailing Address 16858 Mariposa Avenue

City
Riverside

State
CA

Zip Code
92504

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.41071

Amount of Each Disbursement this Period

[Redacted] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Prashanth, Pia T., , ,

Mailing Address 16858 Mariposa Avenue

City
Riverside

State
CA

Zip Code
92504

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.41072

Amount of Each Disbursement this Period

[Redacted] 225.00

Memo Item

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

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

[Redacted] 525.00

[Redacted]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Riley, Barney, , ,

Mailing Address 120 Ocean Drive

City
Miami Beach

State
FL

Zip Code
33139

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	4		

FEC Identification Number

C
Transaction ID : SB21B.41087

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Riley, Barney, , ,

Mailing Address 120 Ocean Drive

City
Miami Beach

State
FL

Zip Code
33139

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	4		

FEC Identification Number

C
Transaction ID : SB21B.41088

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Roman, Natalia T., , ,

Mailing Address 7225 Excelsior Dr.

City
Eastvale

State
CA

Zip Code
92880

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	4		

FEC Identification Number

C
Transaction ID : SB21B.41093

Amount of Each Disbursement this Period

150.00

Memo Item

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

525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Roman, Natalia T., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 7225 Excelsior Dr.

City Eastvale State CA Zip Code 92880

Purpose of Disbursement
Strategic Consulting

Candidate Name

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

State: District:

Date of Disbursement: 07 / 29 / 2024

FEC Identification Number: C
Transaction ID : SB21B.41094

Amount of Each Disbursement this Period: 150.00

Memo Item

B. Roman, Natalia T., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 7225 Excelsior Dr.

City Eastvale State CA Zip Code 92880

Purpose of Disbursement
Strategic Consulting

Candidate Name

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

State: District:

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C
Transaction ID : SB21B.41095

Amount of Each Disbursement this Period: 225.00

Memo Item

C. Roman, Natalia T., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 7225 Excelsior Dr.

City Eastvale State CA Zip Code 92880

Purpose of Disbursement
Strategic Consulting

Candidate Name

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

State: District:

Date of Disbursement: 09 / 30 / 2024

FEC Identification Number: C
Transaction ID : SB21B.41096

Amount of Each Disbursement this Period: 150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers: 21b (checked), 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Ruiz, Ivanna F., , , Disbursement details including date (07/15/2024), FEC ID, and amount (150.00)

Form B: Ruiz, Ivanna F., , , Disbursement details including date (07/29/2024), FEC ID, and amount (150.00)

Form C: Ruiz, Ivanna F., , , Disbursement details including date (08/16/2024), FEC ID, and amount (225.00)

SUBTOTAL of Disbursements This Page (optional) 525.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial) A. Ryan, Elaina J., , ,		Date of Disbursement MM / DD / YYYY 07 / 15 / 2024	
Mailing Address 37424 Theresa Ln.		FEC Identification Number C [] Transaction ID : SB21B.41104	
City New Boston	State MI	Zip Code 48164	Amount of Each Disbursement this Period [] 150.00
Purpose of Disbursement Strategic Consulting		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Ryan, Elaina J., , ,		Date of Disbursement MM / DD / YYYY 07 / 29 / 2024	
Mailing Address 37424 Theresa Ln.		FEC Identification Number C [] Transaction ID : SB21B.41105	
City New Boston	State MI	Zip Code 48164	Amount of Each Disbursement this Period [] 150.00
Purpose of Disbursement Strategic Consulting		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Ryan, Elaina J., , ,		Date of Disbursement MM / DD / YYYY 08 / 16 / 2024	
Mailing Address 37424 Theresa Ln.		FEC Identification Number C [] Transaction ID : SB21B.41106	
City New Boston	State MI	Zip Code 48164	Amount of Each Disbursement this Period [] 225.00
Purpose of Disbursement Strategic Consulting		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 525.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2024

Mailing Address 1620 Eye St. NW
Suite 900

City Washington State DC Zip Code 20006

Purpose of Disbursement

Legal Services

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.40722

Amount of Each Disbursement this Period

875.00

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Sarabia, Daniela, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2024

Mailing Address 3012 Dearborn Ave

City Palmdale State CA Zip Code 93551

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.41108

Amount of Each Disbursement this Period

150.00

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Sarnoff, Hannah E., , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2024

Mailing Address 14333 Roblar Pl

City Sherman Oaks State CA Zip Code 91423

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.41111

Amount of Each Disbursement this Period

150.00

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

1175.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Sarnoff, Hannah E., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 14333 Roblar Pl

City Sherman Oaks State CA Zip Code 91423

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41112

Amount of Each Disbursement this Period: 225.00

Memo Item

B. Schramkowski, Olivia R., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3155 Verdun Dr. NW

City Atlanta State GA Zip Code 30305

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41117

Amount of Each Disbursement this Period: 150.00

Memo Item

C. Schramkowski, Olivia R., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3155 Verdun Dr. NW

City Atlanta State GA Zip Code 30305

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41118

Amount of Each Disbursement this Period: 150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Schramkowski, Olivia R., , ,

Mailing Address 3155 Verdun Dr. NW

City
Atlanta

State
GA

Zip Code
30305

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41119

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sherrick, Jason, , ,

Mailing Address 358 Thayer Pond Rd.

City
Wilton

State
CT

Zip Code
06897

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41128

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Sherrick, Jason, , ,

Mailing Address 358 Thayer Pond Rd.

City
Wilton

State
CT

Zip Code
06897

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41125

Amount of Each Disbursement this Period

75.00

Memo Item

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

450.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Sherrick, Jason, , ,

Mailing Address 358 Thayer Pond Rd.

City
Wilton

State
CT

Zip Code
06897

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41130

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Siddiqui, Aaeshah, , ,

Mailing Address 74 Timberview Dr.

City
Rochester

State
MI

Zip Code
48307

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41133

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Siddiqui, Aaeshah, , ,

Mailing Address 74 Timberview Dr.

City
Rochester

State
MI

Zip Code
48307

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41134

Amount of Each Disbursement this Period

75.00

Memo Item

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

450.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Siddiqui, Aaeshah, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 74 Timberview Dr.

City Rochester State MI Zip Code 48307

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41135

Amount of Each Disbursement this Period: 75.00

Memo Item

B. Siddiqui, Aaeshah, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 74 Timberview Dr.

City Rochester State MI Zip Code 48307

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41136

Amount of Each Disbursement this Period: 225.00

Memo Item

C. Singh, Jessica P., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4815 Pennel Ct

City Stockton State CA Zip Code 95206

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2024

FEC Identification Number: C

Transaction ID : SB21B.41138

Amount of Each Disbursement this Period: 150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 450.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial) A. Singh, Jessica P., , ,			Date of Disbursement MM / DD / YYYY 07 / 29 / 2024	
Mailing Address 4815 Pennel Ct			FEC Identification Number C [] Transaction ID : SB21B.41139	
City Stockton	State CA	Zip Code 95206	Amount of Each Disbursement this Period [] 150.00	
Purpose of Disbursement Strategic Consulting		Category/ Type []	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Singh, Jessica P., , ,			Date of Disbursement MM / DD / YYYY 08 / 16 / 2024	
Mailing Address 4815 Pennel Ct			FEC Identification Number C [] Transaction ID : SB21B.41140	
City Stockton	State CA	Zip Code 95206	Amount of Each Disbursement this Period [] 225.00	
Purpose of Disbursement Strategic Consulting		Category/ Type []	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Singh, Jessica P., , ,			Date of Disbursement MM / DD / YYYY 09 / 30 / 2024	
Mailing Address 4815 Pennel Ct			FEC Identification Number C [] Transaction ID : SB21B.41141	
City Stockton	State CA	Zip Code 95206	Amount of Each Disbursement this Period [] 150.00	
Purpose of Disbursement Strategic Consulting		Category/ Type []	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	[] 525.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Strategy & Hustle LLC

Mailing Address 3216 Central Ave NE

City
Washington

State
DC

Zip Code
20018

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.40706

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Strategy & Hustle LLC

Mailing Address 3216 Central Ave NE

City
Washington

State
DC

Zip Code
20018

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.40716

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Strategy & Hustle LLC

Mailing Address 3216 Central Ave NE

City
Washington

State
DC

Zip Code
20018

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.40726

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

15000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Tejada, Isaiah, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2024

Mailing Address 93 Highland Avenue

City Walden State NY Zip Code 12586

Purpose of Disbursement: Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID : SB21B.41149

Amount of Each Disbursement this Period: 150.00

Memo Item

B. Tejada, Isaiah, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
07 / 29 / 2024

Mailing Address 93 Highland Avenue

City Walden State NY Zip Code 12586

Purpose of Disbursement: Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID : SB21B.41150

Amount of Each Disbursement this Period: 150.00

Memo Item

C. Tejada, Isaiah, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
08 / 16 / 2024

Mailing Address 93 Highland Avenue

City Walden State NY Zip Code 12586

Purpose of Disbursement: Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID : SB21B.41151

Amount of Each Disbursement this Period: 225.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Thakker, Hetvi, , , Disbursement details including date (07/15/2024), amount (150.00), and transaction ID (SB21B.41154).

Form B: Thakker, Hetvi, , , Disbursement details including date (07/29/2024), amount (150.00), and transaction ID (SB21B.41155).

Form C: Thakker, Hetvi, , , Disbursement details including date (08/16/2024), amount (225.00), and transaction ID (SB21B.41156).

SUBTOTAL of Disbursements This Page (optional) 525.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Disbursement for Thompson, Audrey W., , , on 07/15/2024. Amount: 150.00. Transaction ID: SB21B.41161.

Form B: Disbursement for Thompson, Audrey W., , , on 07/29/2024. Amount: 150.00. Transaction ID: SB21B.41162.

Form C: Disbursement for Thompson, Audrey W., , , on 08/16/2024. Amount: 225.00. Transaction ID: SB21B.41163.

SUBTOTAL of Disbursements This Page (optional) 525.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Tran, Derek, , ,

Mailing Address 8056 Camino Kiosco

City
San Diego

State
CA

Zip Code
92122

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41166

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tran, Derek, , ,

Mailing Address 8056 Camino Kiosco

City
San Diego

State
CA

Zip Code
92122

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41167

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tran, Derek, , ,

Mailing Address 8056 Camino Kiosco

City
San Diego

State
CA

Zip Code
92122

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41168

Amount of Each Disbursement this Period

150.00

Memo Item

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

450.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Tran, Derek, , ,

Mailing Address 8056 Camino Kiosco

City
San Diego

State
CA

Zip Code
92122

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.41169

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tran, Derek, , ,

Mailing Address 8056 Camino Kiosco

City
San Diego

State
CA

Zip Code
92122

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.41170

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Trujillo, Vashti J., , ,

Mailing Address 315 Bennett Dr.

City
Pueblo

State
CO

Zip Code
81004

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.41171

Amount of Each Disbursement this Period

150.00

Memo Item

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

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Trujillo, Vashti J., , ,
Mailing Address 315 Bennett Dr.
City Pueblo, State CO, Zip Code 81004
Purpose of Disbursement: Strategic Consulting
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other
Amount of Each Disbursement this Period: 150.00

Form B: Trujillo, Vashti J., , ,
Mailing Address 315 Bennett Dr.
City Pueblo, State CO, Zip Code 81004
Purpose of Disbursement: Strategic Consulting
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other
Amount of Each Disbursement this Period: 225.00

Form C: US Postal Service
Mailing Address 9942 Culver Blvd.
City Culver City, State CA, Zip Code 90232
Purpose of Disbursement: Postage
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other
Amount of Each Disbursement this Period: 222.00

SUBTOTAL of Disbursements This Page (optional)..... 597.00
TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. US Postal Service

Full Name (Last, First, Middle Initial)

Mailing Address 9942 Culver Blvd.

City Culver City State CA Zip Code 90232

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2024

FEC Identification Number: C

Transaction ID : **SB21B.40757**

Amount of Each Disbursement this Period: 73.60

Memo Item

B. Valleciol, Marissa, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3338 Cherry Ln

City Bellevue State NE Zip Code 68147

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2024

FEC Identification Number: C

Transaction ID : **SB21B.40736**

Amount of Each Disbursement this Period: 250.00

Memo Item

C. Walker, Darrian M., , ,

Full Name (Last, First, Middle Initial)

Mailing Address 426 Cumberland SQ SE

City Smyrna State GA Zip Code 30080

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2024

FEC Identification Number: C

Transaction ID : **SB21B.41184**

Amount of Each Disbursement this Period: 150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 473.60

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Walker, Darrian M., , ,

Mailing Address 426 Cumberland SQ SE

City
Smyrna

State
GA

Zip Code
30080

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41185

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Walker, Darrian M., , ,

Mailing Address 426 Cumberland SQ SE

City
Smyrna

State
GA

Zip Code
30080

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41186

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Watkins, Serena R., , ,

Mailing Address 765 Vandal Way

City
Palmdale

State
CA

Zip Code
93551

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41193

Amount of Each Disbursement this Period

150.00

Memo Item

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

525.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Watkins, Serena R., , ,

Mailing Address 765 Vandal Way

City
Palmdale

State
CA

Zip Code
93551

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41194

Amount of Each Disbursement this Period

[REDACTED]	150.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

B. Watkins, Serena R., , ,

Mailing Address 765 Vandal Way

City
Palmdale

State
CA

Zip Code
93551

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41195

Amount of Each Disbursement this Period

[REDACTED]	225.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

C. Watkins, Serena R., , ,

Mailing Address 765 Vandal Way

City
Palmdale

State
CA

Zip Code
93551

Purpose of Disbursement

Strategic Consulting

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41196

Amount of Each Disbursement this Period

[REDACTED]	150.00
------------	--------

Memo Item

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

[REDACTED]	525.00
------------	--------

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

[REDACTED]	
------------	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers: 21b (checked), 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Disbursement for Caroline S. Welch. Date: 07/15/2024. Amount: 150.00. Transaction ID: SB21B.41198

Form B: Disbursement for Caroline S. Welch. Date: 07/29/2024. Amount: 150.00. Transaction ID: SB21B.41199

Form C: Disbursement for Caroline S. Welch. Date: 08/16/2024. Amount: 225.00. Transaction ID: SB21B.41200

SUBTOTAL of Disbursements This Page (optional) 525.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Whicker, Callie A., , ,

Mailing Address 1017 Shaker Court

City
Winston Salem

State
NC

Zip Code
27104

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41203

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Whicker, Callie A., , ,

Mailing Address 1017 Shaker Court

City
Winston Salem

State
NC

Zip Code
27104

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41204

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Whicker, Callie A., , ,

Mailing Address 1017 Shaker Court

City
Winston Salem

State
NC

Zip Code
27104

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.41205

Amount of Each Disbursement this Period

225.00

Memo Item

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

525.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Disbursement for Wong, Joelle. Date: 07/15/2024. Amount: 150.00. Transaction ID: SB21B.41213.

Form B: Disbursement for Wong, Joelle. Date: 07/29/2024. Amount: 150.00. Transaction ID: SB21B.41214.

Form C: Disbursement for Wong, Joelle. Date: 08/16/2024. Amount: 225.00. Transaction ID: SB21B.41215.

SUBTOTAL of Disbursements This Page (optional) 525.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

A. Wong, Joelle, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5522 Clover Hill Drive

City Yorba Linda State CA Zip Code 92886

Purpose of Disbursement
Strategic Consulting

Candidate Name

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

State: District:

Date of Disbursement: 09 / 30 / 2024

FEC Identification Number: C
Transaction ID : SB21B.41216
Amount of Each Disbursement this Period: 150.00

Memo Item

B. Zwebti, Rami, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6765 E Robinson Ave.

City Fresno State CA Zip Code 93727

Purpose of Disbursement
Strategic Consulting

Candidate Name

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

State: District:

Date of Disbursement: 07 / 15 / 2024

FEC Identification Number: C
Transaction ID : SB21B.41231
Amount of Each Disbursement this Period: 150.00

Memo Item

C. Zwebti, Rami, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 6765 E Robinson Ave.

City Fresno State CA Zip Code 93727

Purpose of Disbursement
Strategic Consulting

Candidate Name

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

State: District:

Date of Disbursement: 07 / 29 / 2024

FEC Identification Number: C
Transaction ID : SB21B.41232
Amount of Each Disbursement this Period: 150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Zwebti, Rami, , ,

Mailing Address 6765 E Robinson Ave.

City
Fresno

State
CA

Zip Code
93727

Purpose of Disbursement

Strategic Consulting

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB21B.41233

Amount of Each Disbursement this Period

225.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

225.00

56338.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Back, Austin, , , . Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Back, Austin, , , . Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Back, Austin, , , . Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 320.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Carmona, Anthony, , , Disbursement details including date (08/28/2024), amount (210.00), and transaction ID (SB23.40674).

Form B: Carmona, Anthony, , , Disbursement details including date (09/12/2024), amount (70.00), and transaction ID (SB23.40684).

Form C: Carmona, Anthony, , , Disbursement details including date (09/25/2024), amount (140.00), and transaction ID (SB23.40700).

SUBTOTAL of Disbursements This Page (optional) 420.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Carter, Taylor, , , Disbursement details including date (08/28/2024), amount (240.00), and FEC ID (H2CA42205).

Form B: Carter, Taylor, , , Disbursement details including date (09/12/2024), amount (310.00), and FEC ID (H2CA42205).

Form C: Carter, Taylor, , , Disbursement details including date (09/25/2024), amount (330.00), and FEC ID (H2CA42205).

SUBTOTAL of Disbursements This Page (optional) 880.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Flowers, Lonyah, , ,

Mailing Address 44110 Carol Side Ave.

City
Lancaster

State
CA

Zip Code
92525

Purpose of Disbursement
In-Kind - Canvassing Stipend

Candidate Name
WHITESIDES, GEORGE, , ,

Office Sought: House
 Senate
 President
State: CA District: 27

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	2	4

FEC Identification Number

C H4CA27111
Transaction ID : SB23.40687

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. Humphreys, Elias, , ,

Mailing Address 590 E Olive Ave.
Apt. H

City
Monrovia

State
CA

Zip Code
91016

Purpose of Disbursement
In-Kind - Canvassing Stipend

Candidate Name
ROLLINS, WILL, , ,

Office Sought: House
 Senate
 President
State: CA District: 41

Disbursement For: 2024
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	2	4

FEC Identification Number

C H2CA42205
Transaction ID : SB23.40702

Amount of Each Disbursement this Period

2	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. KEEP ARIZONA BLUE PAC

Mailing Address 2111 EAST BASELINE RD
SUITE A5

City
TEMPE

State
AZ

Zip Code
85283

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	2	4

FEC Identification Number

C C00883892
Transaction ID : SB23.40724

Amount of Each Disbursement this Period

3	7	6	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

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

3	7	6	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Matsumoto, Samuel. Date of Disbursement: 08/28/2024. FEC Identification Number: C H4CA27111. Transaction ID: SB23.40660. Amount: 70.00.

Form B: McKinnie, Jaidyn. Date of Disbursement: 09/12/2024. FEC Identification Number: C H2CA42205. Transaction ID: SB23.40681. Amount: 50.00.

Form C: McKinnie, Jaidyn. Date of Disbursement: 09/25/2024. FEC Identification Number: C H2CA42205. Transaction ID: SB23.40704. Amount: 50.00.

SUBTOTAL of Disbursements This Page (optional) 170.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Onori, Lila, , , Disbursement details including date (08/28/2024), amount (120.00), and transaction ID (SB23.40662).

Form B: Onori, Lila, , , Disbursement details including date (09/12/2024), amount (70.00), and transaction ID (SB23.40689).

Form C: Onori, Lila, , , Disbursement details including date (09/25/2024), amount (140.00), and transaction ID (SB23.40693).

SUBTOTAL of Disbursements This Page (optional) 330.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Rizvi-Syed, Samya, , , including fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount.

Form B: SanMartin, Sophia, , , including fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount.

Form C: Sarabia, Daniela, , , including fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount.

SUBTOTAL of Disbursements This Page (optional) 500.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Sarabia, Daniela, , ,

Mailing Address 3012 Dearborn Ave

City
Palmdale

State
CA

Zip Code
93551

Purpose of Disbursement
In-Kind - Canvassing Stipend

Candidate Name

WHITESIDES, GEORGE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	2	4

FEC Identification Number

C H4CA27111

Transaction ID : SB23.40696

Amount of Each Disbursement this Period

7	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. Smith, Ryan, , ,

Mailing Address 13444 Silver Stirrup Dr

City
Corona

State
CA

Zip Code
92883

Purpose of Disbursement
In-Kind - Canvassing Stipend

Candidate Name

ROLLINS, WILL, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

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

FEC Identification Number

C H2CA42205

Transaction ID : SB23.40678

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. Smith, Ryan, , ,

Mailing Address 13444 Silver Stirrup Dr

City
Corona

State
CA

Zip Code
92883

Purpose of Disbursement
In-Kind - Canvassing Stipend

Candidate Name

ROLLINS, WILL, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	2	4

FEC Identification Number

C H2CA42205

Transaction ID : SB23.40686

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

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

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

3	2	0	0	0	0	0	0	0	0

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Disbursement for Smith, Ryan, , , including fields for name, address, date, purpose, and amount.

Form B: Disbursement for Verlaque, Samantha, , , including fields for name, address, date, purpose, and amount.

Form C: Disbursement for Verlaque, Samantha, , , including fields for name, address, date, purpose, and amount.

SUBTOTAL of Disbursements This Page (optional) 200.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Verlaque, Samantha, , ,

Mailing Address 28033 Memory Lane

City Valencia State CA Zip Code 91354

Purpose of Disbursement In-Kind - Canvassing Stipend

Candidate Name WHITESIDES, GEORGE, , ,

Office Sought: [X] House [] Senate [] President State: CA District: 27

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

Category/Type

Date of Disbursement

Date of Disbursement: 09 / 25 / 2024

FEC Identification Number

C H4CA27111

Transaction ID : SB23.40697

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 190.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Watkins, Serena, , ,

Mailing Address 765 Vandal Way

City Palmdale State CA Zip Code 93551

Purpose of Disbursement In-Kind - Canvassing Stipend

Candidate Name WHITESIDES, GEORGE, , ,

Office Sought: [X] House [] Senate [] President State: CA District: 27

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

Category/Type

Date of Disbursement

Date of Disbursement: 09 / 12 / 2024

FEC Identification Number

C H4CA27111

Transaction ID : SB23.40691

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 50.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Watkins, Serena, , ,

Mailing Address 765 Vandal Way

City Palmdale State CA Zip Code 93551

Purpose of Disbursement In-Kind - Canvassing Stipend

Candidate Name WHITESIDES, GEORGE, , ,

Office Sought: [X] House [] Senate [] President State: CA District: 27

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

Category/Type

Date of Disbursement

Date of Disbursement: 09 / 25 / 2024

FEC Identification Number

C H4CA27111

Transaction ID : SB23.40698

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 50.00

[] Memo Item

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

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

290.00

7190.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address PO Box 441146

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Credit Card Processing Fees - IE Only Account

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2024

FEC Identification Number

C []

Transaction ID : SB29.39455

Amount of Each Disbursement this Period

[] 197.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Arizona List

Mailing Address PO Box 16232

City
Tucson

State
AZ

Zip Code
85732

Purpose of Disbursement
Donation - IE Only Account

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2024

FEC Identification Number

C []

Transaction ID : SB29.40647

Amount of Each Disbursement this Period

[] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bill.com

Mailing Address 6220 America Center Drive
Suite 100

City
San Jose

State
CA

Zip Code
95002

Purpose of Disbursement
Payment Processing Fee - IE Only Account

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2024

FEC Identification Number

C []

Transaction ID : SB29.40605

Amount of Each Disbursement this Period

[] 152.78

Memo Item

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

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

[] 2350.28

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Bill.com

Mailing Address 6220 America Center Drive
Suite 100

City San Jose State CA Zip Code 95002

Purpose of Disbursement
Payment Processing Fee - IE Only Account

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2024

FEC Identification Number

C [Redacted]
Transaction ID : SB29.40625
 Amount of Each Disbursement this Period
 [Redacted] 207.34

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill.com

Mailing Address 6220 America Center Drive
Suite 100

City San Jose State CA Zip Code 95002

Purpose of Disbursement
Payment Processing Fee - IE Only Account

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2024

FEC Identification Number

C [Redacted]
Transaction ID : SB29.40650
 Amount of Each Disbursement this Period
 [Redacted] 61.80

Memo Item

Full Name (Last, First, Middle Initial)

C. Diaz-Guerrero, Leslie, , ,

Mailing Address 19780 Jack Tone Road

City Manteca State CA Zip Code 95336

Purpose of Disbursement
Strategic Consulting - IE Only Account

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2024

FEC Identification Number

C [Redacted]
Transaction ID : SB29.40606
 Amount of Each Disbursement this Period
 [Redacted] 5.00

Memo Item

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

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

[Redacted]	274.14
[Redacted]	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	4

City Mountain View

State CA

Zip Code 94043

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.40597

Amount of Each Disbursement this Period

[REDACTED] 329.44

Purpose of Disbursement
Technology Fee - IE Only Account

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. Grant, Tianna, , ,

Mailing Address 115 Goose Pond Road

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	2	4

City Stafford

State VA

Zip Code 22556

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.40603

Amount of Each Disbursement this Period

[REDACTED] 5.00

Purpose of Disbursement
Strategic Consulting - IE Only Account

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. Guthman, Nick, , ,

Mailing Address 10913 Lindblade St.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	4

City Culver City

State CA

Zip Code 90230

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.40600

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Purpose of Disbursement
Payroll - IE Only Account

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

[REDACTED] 2334.44

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Guthman, Nick, , ,

Mailing Address 10913 Lindblade St.

City Culver City State CA Zip Code 90230

Purpose of Disbursement

Payroll - IE Ony Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.40609

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Guthman, Nick, , ,

Mailing Address 10913 Lindblade St.

City Culver City State CA Zip Code 90230

Purpose of Disbursement

Payroll - IE Ony Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.40624

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthman, Nick, , ,

Mailing Address 10913 Lindblade St.

City Culver City State CA Zip Code 90230

Purpose of Disbursement

Travel - IE Ony Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.40644

Amount of Each Disbursement this Period

700.99

Memo Item

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

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

4700.99

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Uber

Mailing Address 1455 Market Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement

Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.40644.0

Amount of Each Disbursement this Period

[REDACTED] 39.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Lyft

Mailing Address 185 Berry Street

City San Francisco State CA Zip Code 94158

Purpose of Disbursement

Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.40644.1

Amount of Each Disbursement this Period

[REDACTED] 410.69

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthman, Nick, , ,

Mailing Address 10913 Lindblade St.

City Culver City State CA Zip Code 90230

Purpose of Disbursement

Payroll - IE Only Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.40654

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

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

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

[REDACTED] 2000.00

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Jang, Sungkwan, , ,
Mailing Address: 2000 Linwood Ave
City: Fort Lee, State: NJ, Zip Code: 07024
Purpose of Disbursement: Event Production Services - IE Only Account
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
Date of Disbursement: 08/20/2024
FEC Identification Number: C
Transaction ID: SB29.40626
Amount of Each Disbursement this Period: 500.00
Memo Item: []

Form B: Ouma, Philip, , ,
Mailing Address: 20623 Emilie Ln.
City: Pleasant Valley, State: NY, Zip Code: 12569
Purpose of Disbursement: Strategic Consulting - IE Only Account
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
Date of Disbursement: 08/29/2024
FEC Identification Number: C
Transaction ID: SB29.40634
Amount of Each Disbursement this Period: 200.00
Memo Item: []

Form C: Pena, Brian, , ,
Mailing Address: 2400 San Gabriel St.
City: Austin, State: TX, Zip Code: 78705
Purpose of Disbursement: Buttons - IE Only Account
Candidate Name:
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
Date of Disbursement: 09/30/2024
FEC Identification Number: C
Transaction ID: SB29.40658
Amount of Each Disbursement this Period: 945.56
Memo Item: []

SUBTOTAL of Disbursements This Page (optional)..... 1645.56
TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Stahr, Morgan, , ,

Mailing Address 515 S Poplar St

City
Hazleton

State
PA

Zip Code
18201

Purpose of Disbursement
Healthcare - IE Ony Account

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.40598

Amount of Each Disbursement this Period

1304.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Stahr, Morgan, , ,

Mailing Address 515 S Poplar St

City
Hazleton

State
PA

Zip Code
18201

Purpose of Disbursement
Payroll - IE Ony Account

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.40599

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stahr, Morgan, , ,

Mailing Address 515 S Poplar St

City
Hazleton

State
PA

Zip Code
18201

Purpose of Disbursement
Payroll - IE Ony Account

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.40608

Amount of Each Disbursement this Period

2000.00

Memo Item

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

5304.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 29 is checked.

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Stahr, Morgan, , , Date of Disbursement 08/13/2024, Transaction ID SB29.40623, Amount 2000.00

Form B: Stahr, Morgan, , , Date of Disbursement 08/29/2024, Transaction ID SB29.40635, Amount 620.69

Form C: Uber, Date of Disbursement 08/29/2024, Transaction ID SB29.40635, Amount 337.08, Memo Item checked

SUBTOTAL of Disbursements This Page (optional) 2620.69
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 06649

City
Chicago

State
IL

Zip Code
60606

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.40635.1

Amount of Each Disbursement this Period

[REDACTED] 80.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Stahr, Morgan, , ,

Mailing Address 515 S Poplar St

City
Hazleton

State
PA

Zip Code
18201

Purpose of Disbursement

Healthcare - IE Ony Account

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.40649

Amount of Each Disbursement this Period

[REDACTED] 341.25

Memo Item

Full Name (Last, First, Middle Initial)

C. Stahr, Morgan, , ,

Mailing Address 515 S Poplar St

City
Hazleton

State
PA

Zip Code
18201

Purpose of Disbursement

Payroll - IE Ony Account

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.40653

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

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

[REDACTED] 2341.25

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Unfiltered Media LLC

Mailing Address 2663 Manhattan Place
#102

City Vienna State VA Zip Code 22180

Purpose of Disbursement
Payroll Processing - IE Only Account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB29.40602

Amount of Each Disbursement this Period

462.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Unfiltered Media LLC

Mailing Address 2663 Manhattan Place
#102

City Vienna State VA Zip Code 22180

Purpose of Disbursement
Payroll Processing - IE Only Account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	6			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB29.40610

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Unfiltered Media LLC

Mailing Address 2663 Manhattan Place
#102

City Vienna State VA Zip Code 22180

Purpose of Disbursement
Payroll Processing - IE Only Account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.40632

Amount of Each Disbursement this Period

200.00

Memo Item

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

862.50

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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

NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Unfiltered Media LLC. Includes fields for Full Name, Mailing Address (2663 Manhattan Place #102), City (Vienna), State (VA), Zip Code (22180), Purpose of Disbursement (Digital Consulting - IE Only Account), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (09/04/2024), FEC Identification Number (C), Transaction ID (SB29.40643), Amount of Each Disbursement (120.00), and Memo Item checkbox.

Form B: Unfiltered Media LLC. Includes fields for Full Name, Mailing Address (2663 Manhattan Place #102), City (Vienna), State (VA), Zip Code (22180), Purpose of Disbursement (Payroll Processing - IE Only Account), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (09/24/2024), FEC Identification Number (C), Transaction ID (SB29.40652), Amount of Each Disbursement (200.00), and Memo Item checkbox.

Form C: United Airlines. Includes fields for Full Name, Mailing Address (PO Box 06649), City (Chicago), State (IL), Zip Code (60606), Purpose of Disbursement (Travel - IE Only Account), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (07/26/2024), FEC Identification Number (C), Transaction ID (SB29.40611), Amount of Each Disbursement (349.95), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 669.95
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address PO Box 06649

City
Chicago

State
IL

Zip Code
60606

Purpose of Disbursement
Travel - IE Only Account

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.40617

Amount of Each Disbursement this Period

[REDACTED] 281.45

Memo Item

Full Name (Last, First, Middle Initial)

B. Volunteer Recruitment Strategies LLC

Mailing Address 4305 NE 74th Ave

City
Portland

State
OR

Zip Code
97218

Purpose of Disbursement
Strategic Consulting - IE Ony Account

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.40621

Amount of Each Disbursement this Period

[REDACTED] 30000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

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

[REDACTED] 30281.45

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

[REDACTED] 55385.25