

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
 Check if different than previously reported. (ACC) **WASHINGTON DC 20005**

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)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2024 through / / 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 / / 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.

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: 01 / 01 / 2024 To: 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		15347.68
(b) Cash on Hand at Beginning of Reporting Period.....	15347.68	
(c) Total Receipts (from Line 19)	92461.27	92461.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	107808.95	107808.95
7. Total Disbursements (from Line 31).....	85406.04	85406.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22402.91	22402.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	10670.00	10670.00
(ii) Unitemized	33585.15	33585.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	44255.15	44255.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	49255.15	49255.15
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.).....	43206.12	43206.12
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)).....▶	92461.27	92461.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	92461.27	92461.27

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	52108.61	52108.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	52108.61	52108.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	33297.43	33297.43
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)) ..	85406.04	85406.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85406.04	85406.04

DETAILED SUMMARY PAGE
of Disbursements

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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)	49255.15	49255.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49255.15	49255.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	52108.61	52108.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	52108.61	52108.61

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 104
(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. Anderson, Nancy, , ,

Mailing Address 47 Sturdivant Road

City Cumberland Foreside State ME Zip Code 04110

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
MM / DD / YYYY
02 / 22 / 2024
Transaction ID : SA11AI.37538

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Ash, Arlene, , ,

Mailing Address 73 Hemenway #207

City Boston State MA Zip Code 02115

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

Name of Employer (for Individual) UMass Medical School Occupation (for Individual) Health Care Statistics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2024
Transaction ID : SA11AI.37548

Amount of Each Receipt this Period
500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Banta, Dennis, , ,

Mailing Address 1025 Eleanor Street

City Knoxville State TN Zip Code 37917

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 ▼
400.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2024
Transaction ID : SA11AI.37551

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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 7 OF 104
(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. Bartels, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 East 10 St.
 City New York State NY Zip Code 10003
 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 ▼ 250.00

Date of Receipt
 03 / 22 / 2024
Transaction ID : SA11AI.37558
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Bell, Stewart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Lincoln St
 City Astoria State OR Zip Code 97103
 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
 02 / 09 / 2024
Transaction ID : SA11AI.37567
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Bell, Stewart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Lincoln St
 City Astoria State OR Zip Code 97103
 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
 03 / 09 / 2024
Transaction ID : SA11AI.37568
 Amount of Each Receipt this Period
 150.00
 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 8 OF 104
(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. Bender, Douglas, , ,

Mailing Address 261 Vista del Parque

City Redondo Beach State CA Zip Code 90277

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
01 / 06 / 2024
Transaction ID : SA11AI.37569

Amount of Each Receipt this Period
1000.00

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

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
03 / 10 / 2024
Transaction ID : SA11AI.37591

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. 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 ▼
385.00

Date of Receipt
03 / 22 / 2024
Transaction ID : SA11AI.37643

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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 9 OF 104
	<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. Faissler, Diane G., , ,		Date of Receipt
Mailing Address 4 Darby Lane		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2024"/>
City Rockport	State MA	Zip Code 01966
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.37677
Name of Employer (for Individual) self		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) none		<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. Faissler, Diane G., , ,		Date of Receipt
Mailing Address 4 Darby Lane		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2024"/>
City Rockport	State MA	Zip Code 01966
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.37678
Name of Employer (for Individual) self		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) none		<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="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. fite, austin, , ,		Date of Receipt
Mailing Address 1474 Paseo de Oro		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2024"/>
City pacific Palisades	State CA	Zip Code 90272
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.37686
Name of Employer (for Individual) healthcare partners		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<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="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
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:	PAGE 10 OF 104
(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. 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 ▼ 500.00

Date of Receipt
 01 / 29 / 2024
Transaction ID : SA11AI.37692
 Amount of Each Receipt this Period
 500.00
 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 ▼ 1000.00

Date of Receipt
 02 / 27 / 2024
Transaction ID : SA11AI.37693
 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 ▼ 1500.00

Date of Receipt
 03 / 31 / 2024
Transaction ID : SA11AI.37694
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 104
	<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. Head, Randolph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3349 YORKSHIRE RD
 City PASADENA State CA Zip Code 91107
 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
 02 / 18 / 2024
Transaction ID : SA11AI.37732
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Hwang, Susie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 Melville Ave
 City Palo Alto State CA Zip Code 94301
 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
 03 / 04 / 2024
Transaction ID : SA11AI.37765
 Amount of Each Receipt this Period
 250.00
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2024
Transaction ID : SA11AI.37783
 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:	PAGE 12 OF 104
(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Linderman, Christine E, , ,

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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2024

Transaction ID : SA11AI.37824

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 308 25th Street

City Union City	State NJ	Zip Code 07087
--------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2024

Transaction ID : SA11AI.37837

Amount of Each Receipt this Period
250.00

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2024

Transaction ID : SA11AI.37877

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 13 OF 104
	<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. 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2024
Transaction ID : SA11AI.37878
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2024
Transaction ID : SA11AI.37879
 Amount of Each Receipt this Period
 50.00
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2024
Transaction ID : SA11AI.37928
 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: PAGE 14 OF 104
(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. Nelson, Thomas, , ,

Mailing Address 1198 SUNNY SLOPE RD

City LA POINTE	State WI	Zip Code 54850
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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 ▼
325.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2024

Transaction ID : SA11AI.37929

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. 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 ▼
209.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2024

Transaction ID : SA11AI.37939

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. 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 ▼
239.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2024

Transaction ID : SA11AI.37940

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: (check only one)	PAGE 15 OF 104
<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"/>	<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 ▼ 264.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2024
Transaction ID : SA11AI.37941
 Amount of Each Receipt this Period 25.00
 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 ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2024
Transaction ID : SA11AI.37942
 Amount of Each Receipt this Period 30.00
 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 ▼ 324.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2024
Transaction ID : SA11AI.37943
 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:	PAGE 16 OF 104
(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. 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 ▼ 374.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2024
Transaction ID : SA11AI.37944
 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 ▼ 404.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2024
Transaction ID : SA11AI.37945
 Amount of Each Receipt this Period 30.00
 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 ▼ 479.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2024
Transaction ID : SA11AI.37946
 Amount of Each Receipt this Period 75.00
 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: PAGE 17 OF 104
(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. 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 ▼
504.00

Date of Receipt
03 / 04 / 2024
Transaction ID : SA11AI.37947

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. 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 ▼
579.00

Date of Receipt
03 / 06 / 2024
Transaction ID : SA11AI.37948

Amount of Each Receipt this Period
75.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. 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 ▼
604.00

Date of Receipt
03 / 13 / 2024
Transaction ID : SA11AI.37949

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: PAGE 18 OF 104
(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

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 ▼ 654.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2024
Transaction ID : SA11AI.37950
 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 ▼ 729.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2024
Transaction ID : SA11AI.37951
 Amount of Each Receipt this Period 75.00
 Memo Item

C. 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2024
Transaction ID : SA11AI.37960
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00
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 19 OF 104
(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. 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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2024

Transaction ID : SA11AI.37967

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
-------------------------	-------------	-------------------

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
 03 / 09 / 2024

Transaction ID : SA11AI.37968

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2024

Transaction ID : SA11AI.37969

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 20 OF 104
	<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. Post, Fran, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Woodland Ave
 City Port Townsend State WA Zip Code 98368
 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
 01 / 15 / 2024
Transaction ID : SA11AI.38009
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Ramaswami, Ashwin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10570 Victory Gate Dr
 City Johns Creek State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ashwin Ramaswami Occupation (for Individual) Consultant
 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
 01 / 24 / 2024
Transaction ID : SA11AI.38017
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Reisel, Karl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2024
Transaction ID : SA11AI.38024
 Amount of Each Receipt this Period
 100.00
 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:	PAGE 21 OF 104
(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. Resnikoff, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Tunnel Road
 City Berkeley State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) retired
 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
 03 / 23 / 2024
Transaction ID : SA11AI.38028
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Roth, David R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2024
Transaction ID : SA11AI.38063
 Amount of Each Receipt this Period
 25.00
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2024
Transaction ID : SA11AI.38102
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	275.00
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 22 OF 104
(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. Smudz, Susan, , ,

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2024

Transaction ID : SA11AI.38103

Amount of Each Receipt this Period
300.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Smudz, Susan, , ,

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 ▼
800.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2024

Transaction ID : SA11AI.38104

Amount of Each Receipt this Period
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Smudz, Susan, , ,

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2024

Transaction ID : SA11AI.38105

Amount of Each Receipt this Period
200.00

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 23 OF 104
(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. Smudz, Susan, , ,

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 ▼ 1375.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2024

Transaction ID : SA11AI.38106

Amount of Each Receipt this Period
375.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Smudz, Susan, , ,

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 ▼ 1675.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2024

Transaction ID : SA11AI.38107

Amount of Each Receipt this Period
300.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Traer, Robert, , ,

Mailing Address 311 Woolf Avenue

City Iowa City State IA Zip Code 52246

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

Name of Employer (for Individual) Dominican University of California Occupation (for Individual) Teacher

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2024

Transaction ID : SA11AI.38140

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	10670.00

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

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

FOR LINE NUMBER: PAGE 24 OF 104
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. 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 ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2024

Transaction ID : SA11C.38190

Amount of Each Receipt this Period
5000.00

Memo Item

B.
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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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 25 OF 104
<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 ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2024
Transaction ID : SA17.38192

Amount of Each Receipt this Period
 5000.00

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 ▼
20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2024
Transaction ID : SA17.38193

Amount of Each Receipt this Period
 10000.00

Memo Item
 Contribution - IE Only Account

C. 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 ▼
30000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2024
Transaction ID : SA17.38194

Amount of Each Receipt this Period
 10000.00

Memo Item
 Contribution - IE Only Account

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
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 104
<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 ▼
38000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2024
Transaction ID : SA17.38195

Amount of Each Receipt this Period
8000.00

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 ▼
48000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2024
Transaction ID : SA17.38196

Amount of Each Receipt this Period
10000.00

Memo Item
 Contribution - IE Only Account

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	18000.00
TOTAL This Period (last page this line number only).....	43000.00

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. ActBlue Technical Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 31 / 2024

FEC Identification Number: C
Transaction ID : SB21B.38250
Amount of Each Disbursement this Period: 1745.15

Memo Item

B. 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: 01 / 08 / 2024

FEC Identification Number: C
Transaction ID : SB21B.38220
Amount of Each Disbursement this Period: 1945.52

Memo Item

C. 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: 01 / 23 / 2024

FEC Identification Number: C
Transaction ID : SB21B.38227
Amount of Each Disbursement this Period: 10.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3701.27

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		Date of Disbursement MM / DD / YYYY 02 / 06 / 2024
Mailing Address 1900 L Street, NW Suite 900		FEC Identification Number C [] Transaction ID : SB21B.38231
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Database Management		Amount of Each Disbursement this Period [] 2093.18
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Action Squared LLC		Date of Disbursement MM / DD / YYYY 02 / 23 / 2024
Mailing Address 1900 L Street, NW Suite 900		FEC Identification Number C [] Transaction ID : SB21B.38236
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Database Management		Amount of Each Disbursement this Period [] 10.60
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. Action Squared LLC		Date of Disbursement MM / DD / YYYY 03 / 06 / 2024
Mailing Address 1900 L Street, NW Suite 900		FEC Identification Number C [] Transaction ID : SB21B.38241
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Database Management		Amount of Each Disbursement this Period [] 1558.20
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3661.98
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

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	3			2	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.38248

Amount of Each Disbursement this Period

1	0	6	0
---	---	---	---

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
Salary

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	1			1	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.38223

Amount of Each Disbursement this Period

3	2	2	0	.	0	1
---	---	---	---	---	---	---

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
Salary

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	2			2	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.38235

Amount of Each Disbursement this Period

2	0	0	0
---	---	---	---

Memo Item

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

5	2	3	0	.	6	1
---	---	---	---	---	---	---

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

5	2	3	0	.	6	1
---	---	---	---	---	---	---

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. Guthman, Nick, , ,

Mailing Address 10913 Lindblade St.

City
Culver City

State
CA

Zip Code
90230

Purpose of Disbursement

Salary

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	3			1	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.38245

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Mailing Address 1090 Vermont Ave. NW
Suite 750

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Legal Services

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	2			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.38240

Amount of Each Disbursement this Period

700.00

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

Salary

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	1			1	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.38224

Amount of Each Disbursement this Period

3220.01

Memo Item

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

5920.01

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. Stahr, Morgan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 515 S Poplar St

City Hazleton State PA Zip Code 18201

Purpose of Disbursement: Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 25 / 2024

FEC Identification Number: C

Transaction ID : SB21B.38228

Amount of Each Disbursement this Period: 3220.01

Memo Item

B. Stahr, Morgan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 515 S Poplar St

City Hazleton State PA Zip Code 18201

Purpose of Disbursement: Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.38238

Amount of Each Disbursement this Period: 2000.00

Memo Item

C. Stahr, Morgan, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 515 S Poplar St

City Hazleton State PA Zip Code 18201

Purpose of Disbursement: Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2024

FEC Identification Number: C

Transaction ID : SB21B.38244

Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7220.01

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

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	1		1	8		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.38226

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

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

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	2		1	5		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.38235

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

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

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	3		2	1		2	0	2	4

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.38247

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

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

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

1	5	0	0	0	0
---	---	---	---	---	---

4	0	7	3	3	8
---	---	---	---	---	---

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. Akuamoah-Boateng, Brianna, , ,

Mailing Address 20449 Watkins Meadow Dr.

City
Germantown

State
MD

Zip Code
20876

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38253

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Akuamoah-Boateng, Brianna, , ,

Mailing Address 20449 Watkins Meadow Dr.

City
Germantown

State
MD

Zip Code
20876

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38254

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Akuamoah-Boateng, Brianna, , ,

Mailing Address 20449 Watkins Meadow Dr.

City
Germantown

State
MD

Zip Code
20876

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38255

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)..... ▶

450.00

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)

Grid for line numbers 21b-30b with checkboxes, where 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: Disbursement for Arnold, Lindy, , , Date 02/15/2024, Transaction ID SB29.38258, Amount 150.00.

Form B: Disbursement for Arnold, Lindy, , , Date 03/01/2024, Transaction ID SB29.38259, Amount 150.00.

Form C: Disbursement for Arnold, Lindy, , , Date 03/18/2024, Transaction ID SB29.38260, 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)

<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. Bajaj, Nehal, , ,

Mailing Address 12 Tudor Dr.

City
Somerset

State
NJ

Zip Code
08873

Purpose of Disbursement
Strategic Consulting - IE Only 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	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38263

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bajaj, Nehal, , ,

Mailing Address 12 Tudor Dr.

City
Somerset

State
NJ

Zip Code
08873

Purpose of Disbursement
Strategic Consulting - IE Only 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	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38264

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bajaj, Nehal, , ,

Mailing Address 12 Tudor Dr.

City
Somerset

State
NJ

Zip Code
08873

Purpose of Disbursement
Strategic Consulting - IE Only 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	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38265

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)..... ▶

450.00

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. Batada, Aryan, , ,

Mailing Address 5275 Winflow Way

City Suwanee State GA Zip Code 30024

Purpose of Disbursement
Strategic Consulting - IE Only Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2024

FEC Identification Number

C []
Transaction ID : SB29.38268

Amount of Each Disbursement this Period

[] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Batada, Aryan, , ,

Mailing Address 5275 Winflow Way

City Suwanee State GA Zip Code 30024

Purpose of Disbursement
Strategic Consulting - IE Only Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2024

FEC Identification Number

C []
Transaction ID : SB29.38269

Amount of Each Disbursement this Period

[] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Batada, Aryan, , ,

Mailing Address 5275 Winflow Way

City Suwanee State GA Zip Code 30024

Purpose of Disbursement
Strategic Consulting - IE Only Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2024

FEC Identification Number

C []
Transaction ID : SB29.38270

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)..... ▶

[] 450.00

[]

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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
YOUTH PROGRESSIVE ACTION CATALYST

Form A: Disbursement details for Bhattad, Eshaam, including date (02/15/2024), amount (150.00), and transaction ID SB29.38275.

Form B: Disbursement details for Bhattad, Eshaam, including date (03/01/2024), amount (75.00), and transaction ID SB29.38276.

Form C: Disbursement details for Bill.com, including date (03/19/2024), amount (146.98), and transaction ID SB29.38212.

SUBTOTAL of Disbursements This Page (optional) 371.98
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. Brown-Dewese, Tyler, , ,

Mailing Address 4201 Massachusetts Ave. NW

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.38279

Amount of Each Disbursement this Period

[REDACTED] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Dewese, Tyler, , ,

Mailing Address 4201 Massachusetts Ave. NW

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.38280

Amount of Each Disbursement this Period

[REDACTED] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cai, Jessica, , ,

Mailing Address 10304 Congressional Ct.

City
Ellicott City

State
MD

Zip Code
21042

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.38283

Amount of Each Disbursement this Period

[REDACTED] 150.00

Memo Item

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

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

[REDACTED] 450.00

[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 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. Cai, Jessica, , ,

Mailing Address 10304 Congressional Ct.

City Ellicott City State MD Zip Code 21042

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

MM / DD / YYYY
03 / 01 / 2024

FEC Identification Number

C
Transaction ID : **SB29.38284**
Amount of Each Disbursement this Period
150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cai, Jessica, , ,

Mailing Address 10304 Congressional Ct.

City Ellicott City State MD Zip Code 21042

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

MM / DD / YYYY
03 / 18 / 2024

FEC Identification Number

C
Transaction ID : **SB29.38285**
Amount of Each Disbursement this Period
150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Campbell, Alexis, , ,

Mailing Address 270 Honey Lane

City Fayetteville State GA Zip Code 30214

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

MM / DD / YYYY
02 / 15 / 2024

FEC Identification Number

C
Transaction ID : **SB29.38288**
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)..... ▶

450.00

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. Campbell, Alexis, , ,

Mailing Address 270 Honey Lane

City
Fayetteville

State
GA

Zip Code
30214

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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38289

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Campbell, Alexis, , ,

Mailing Address 270 Honey Lane

City
Fayetteville

State
GA

Zip Code
30214

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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38290

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cardena, Sebastian, , ,

Mailing Address 414 East 65th St.
Apt. 3E

City
New York

State
NY

Zip Code
10065

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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38293

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)..... ▶

450.00

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)

Grid for line numbers 21b-30b with checkbox 29 checked.

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Cardena, Sebastian, , ,

Mailing Address 414 East 65th St. Apt. 3E

City New York State NY Zip Code 10065

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

Date field: 03 / 01 / 2024

FEC Identification Number

FEC ID field: C

Transaction ID : SB29.38294

Amount of Each Disbursement this Period

Amount field: 150.00

Memo Item checkbox

Full Name (Last, First, Middle Initial)

B. Cardena, Sebastian, , ,

Mailing Address 414 East 65th St. Apt. 3E

City New York State NY Zip Code 10065

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

Date field: 03 / 18 / 2024

FEC Identification Number

FEC ID field: C

Transaction ID : SB29.38295

Amount of Each Disbursement this Period

Amount field: 75.00

Memo Item checkbox

Full Name (Last, First, Middle Initial)

C. Cardena, Sebastian, , ,

Mailing Address 414 East 65th St. Apt. 3E

City New York State NY Zip Code 10065

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

Date field: 03 / 18 / 2024

FEC Identification Number

FEC ID field: C

Transaction ID : SB29.38296

Amount of Each Disbursement this Period

Amount field: 150.00

Memo Item checkbox

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

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

Subtotal field: 375.00

Total field: (empty)

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. Carman, Veronica, , ,

Mailing Address 10488 Eastborne Ave.
Apt 310

City
Los Angeles

State
CA

Zip Code
90024

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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38299

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Carman, Veronica, , ,

Mailing Address 10488 Eastborne Ave.
Apt 310

City
Los Angeles

State
CA

Zip Code
90024

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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38300

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Carman, Veronica, , ,

Mailing Address 10488 Eastborne Ave.
Apt 310

City
Los Angeles

State
CA

Zip Code
90024

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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38301

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)..... ▶

450.00

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. Carrion, Nathan, , ,

Mailing Address 8900 Burnet Ave.
203

City North Hills State CA Zip Code 91343

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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38304

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Carrion, Nathan, , ,

Mailing Address 8900 Burnet Ave.
203

City North Hills State CA Zip Code 91343

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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38305

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Carrion, Nathan, , ,

Mailing Address 8900 Burnet Ave.
203

City North Hills State CA Zip Code 91343

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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38306

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)..... ▶

450.00

**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. Chavez, Noelia, , ,

Mailing Address 205 W 26th St.

City
Sanford

State
FL

Zip Code
32773

Purpose of Disbursement
Strategic Consulting - IE Only Account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.38309

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Crysler, Emily, , ,

Mailing Address 306A Juniata Hall

City
Middletown

State
PA

Zip Code
17057

Purpose of Disbursement
Strategic Consulting - IE Only Account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.38312

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Crysler, Emily, , ,

Mailing Address 306A Juniata Hall

City
Middletown

State
PA

Zip Code
17057

Purpose of Disbursement
Strategic Consulting - IE Only Account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.38313

Amount of Each Disbursement this Period

Memo Item

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

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

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. Darrow, Lydia, , ,

Mailing Address 370 Riverside Dr.
7D

City
New York

State
NY

Zip Code
10025

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38316

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Darrow, Lydia, , ,

Mailing Address 370 Riverside Dr.
7D

City
New York

State
NY

Zip Code
10025

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38317

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Darrow, Lydia, , ,

Mailing Address 370 Riverside Dr.
7D

City
New York

State
NY

Zip Code
10025

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38318

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)..... ▶

450.00

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. deGuzman, Jesmina, , ,

Mailing Address 8101 E. Via Costa

City
Scottsdale

State
AZ

Zip Code
85258

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38321

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. deGuzman, Jesmina, , ,

Mailing Address 8101 E. Via Costa

City
Scottsdale

State
AZ

Zip Code
85258

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38322

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. deGuzman, Jesmina, , ,

Mailing Address 8101 E. Via Costa

City
Scottsdale

State
AZ

Zip Code
85258

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38323

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)..... ▶

450.00

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

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. Dixon, Lucy, , ,

Mailing Address 6588 Segovia Rd.
Unit 5

City
Goleta

State
CA

Zip Code
93107

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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB29.38326

Amount of Each Disbursement this Period

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
									150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dixon, Lucy, , ,

Mailing Address 6588 Segovia Rd.
Unit 5

City
Goleta

State
CA

Zip Code
93107

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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB29.38327

Amount of Each Disbursement this Period

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
									150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dixon, Lucy, , ,

Mailing Address 6588 Segovia Rd.
Unit 5

City
Goleta

State
CA

Zip Code
93107

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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB29.38328

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)..... ▶

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
									450.00

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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. Dooley, David, , ,

Mailing Address 6871 N Laureen Ave

City
Fresno

State
CA

Zip Code
93710

Purpose of Disbursement
Strategic Consulting - 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
02		15		2024

FEC Identification Number

C

Transaction ID : SB29.38331

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dooley, David, , ,

Mailing Address 6871 N Laureen Ave

City
Fresno

State
CA

Zip Code
93710

Purpose of Disbursement
Strategic Consulting - 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
03		01		2024

FEC Identification Number

C

Transaction ID : SB29.38332

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dooley, David, , ,

Mailing Address 6871 N Laureen Ave

City
Fresno

State
CA

Zip Code
93710

Purpose of Disbursement
Strategic Consulting - 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
03		18		2024

FEC Identification Number

C

Transaction ID : SB29.38333

Amount of Each Disbursement this Period

75.00

Memo Item

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

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

375.00

**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. Dutta, Anya, , ,

Mailing Address 1775 Westwind Way

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38336

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 - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38337

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 - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38338

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)..... ▶

450.00

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)

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: Disbursement details for Esayas, Joseias. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement (02/15/2024), FEC Identification Number, Transaction ID (SB29.38341), and Amount (150.00).

Form B: Disbursement details for Esayas, Joseias. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/01/2024), FEC Identification Number, Transaction ID (SB29.38342), and Amount (150.00).

Form C: Disbursement details for Esayas, Joseias. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement (03/18/2024), FEC Identification Number, Transaction ID (SB29.38343), 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)

<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. Fenster, Kallen, , ,

Mailing Address 14 Suncrest Drive

City
Dix Hills

State
NY

Zip Code
11746

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38346

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Fenster, Kallen, , ,

Mailing Address 14 Suncrest Drive

City
Dix Hills

State
NY

Zip Code
11746

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38347

Amount of Each Disbursement this Period

75.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Fenster, Kallen, , ,

Mailing Address 14 Suncrest Drive

City
Dix Hills

State
NY

Zip Code
11746

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38348

Amount of Each Disbursement this Period

75.00

Memo Item

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

300.00

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 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. Fenster, Kallen, , ,

Mailing Address 14 Suncrest Drive

City
Dix Hills

State
NY

Zip Code
11746

Purpose of Disbursement
Strategic Consulting - IE Ony 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	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38213

Amount of Each Disbursement this Period

75.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Fishkind, Sarah, , ,

Mailing Address 7056 Garden Walk

City
Columbia

State
MD

Zip Code
21044

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38351

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Fishkind, Sarah, , ,

Mailing Address 7056 Garden Walk

City
Columbia

State
MD

Zip Code
21044

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38352

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)..... ▶

375.00

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. Fishkind, Sarah, , ,

Mailing Address 7056 Garden Walk

City
Columbia

State
MD

Zip Code
21044

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38353

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Galatea, Blake, , ,

Mailing Address 16131 Azalea Way

City
Los Gatos

State
CA

Zip Code
95032

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38356

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Galatea, Blake, , ,

Mailing Address 16131 Azalea Way

City
Los Gatos

State
CA

Zip Code
95032

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38357

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 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. Galatea, Blake, , ,

Mailing Address 16131 Azalea Way

City
Los Gatos

State
CA

Zip Code
95032

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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38358

Amount of Each Disbursement this Period

150.00

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
Healthcare - 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	2		1	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38204

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hinojosa, Victor, , ,

Mailing Address 2424 Pearsall Pkwy.

City
Waukegan

State
IL

Zip Code
60085

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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38361

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)..... ▶

1300.00

**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. Hinojosa, Victor, , ,

Mailing Address 2424 Pearsall Pkwy.

City
Waukegan

State
IL

Zip Code
60085

Purpose of Disbursement
Strategic Consulting - IE Only 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	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38362

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hinojosa, Victor, , ,

Mailing Address 2424 Pearsall Pkwy.

City
Waukegan

State
IL

Zip Code
60085

Purpose of Disbursement
Strategic Consulting - IE Only 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	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38363

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jacinto, Catalina, , ,

Mailing Address 6462 Royal Oak Dr.

City
Huntington Beach

State
CA

Zip Code
92647

Purpose of Disbursement
Strategic Consulting - IE Only 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	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38366

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 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. Jacinto, Catalina, , ,

Mailing Address 6462 Royal Oak Dr.

City
Huntington Beach

State
CA

Zip Code
92647

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38367

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jacinto, Catalina, , ,

Mailing Address 6462 Royal Oak Dr.

City
Huntington Beach

State
CA

Zip Code
92647

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38368

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Johnson, Samantha, , ,

Mailing Address 818 D St.
Apt #8

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38371

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)..... ▶

450.00

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. Johnson, Samantha, , ,

Mailing Address 818 D St.
Apt #8

City
Sacramento

State
CA

Zip Code
95814

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	/	D	D	/	Y	Y	Y	Y
03			01			2024			

FEC Identification Number

C

Transaction ID : SB29.38372

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Johnson, Samantha, , ,

Mailing Address 818 D St.
Apt #8

City
Sacramento

State
CA

Zip Code
95814

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	/	D	D	/	Y	Y	Y	Y
03			18			2024			

FEC Identification Number

C

Transaction ID : SB29.38373

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jones, Ashley, , ,

Mailing Address 8312 Fern Lake Dr.

City
Fort Worth

State
TX

Zip Code
76137

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	/	D	D	/	Y	Y	Y	Y
02			15			2024			

FEC Identification Number

C

Transaction ID : SB29.38376

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 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. Jones, Ashley, , ,

Mailing Address 8312 Fern Lake Dr.

City
Fort Worth

State
TX

Zip Code
76137

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
03			01			2024			

FEC Identification Number

C

Transaction ID : SB29.38377

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jones, Ashley, , ,

Mailing Address 8312 Fern Lake Dr.

City
Fort Worth

State
TX

Zip Code
76137

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
03			18			2024			

FEC Identification Number

C

Transaction ID : SB29.38378

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kamalakantha, Tara, , ,

Mailing Address 4525 Salerno Circle

City
Plano

State
TX

Zip Code
75093

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
02			15			2024			

FEC Identification Number

C

Transaction ID : SB29.38381

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)..... ▶

450.00

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)

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

Full Name (Last, First, Middle Initial)

A. Kamalakantha, Tara, , ,

Mailing Address 4525 Salerno Circle

City Plano State TX Zip Code 75093

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

Date selection: 03 / 01 / 2024

FEC Identification Number

FEC ID: C

Transaction ID : SB29.38382

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kamalakantha, Tara, , ,

Mailing Address 4525 Salerno Circle

City Plano State TX Zip Code 75093

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

Date selection: 03 / 18 / 2024

FEC Identification Number

FEC ID: C

Transaction ID : SB29.38383

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Khalifa, Reem, , ,

Mailing Address 9130 112th St.

City Richmond Hill State NY Zip Code 11418

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

Date selection: 02 / 15 / 2024

FEC Identification Number

FEC ID: C

Transaction ID : SB29.38386

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

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

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

Subtotal: 450.00

Total: 450.00

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. Khalifa, Reem, , ,

Mailing Address 9130 112th St.

City
Richmond Hill

State
NY

Zip Code
11418

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C Transaction ID : **SB29.38387**

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Khalsa, Bhajleen, , ,

Mailing Address 60 Travertine Ct.

City
Lathrop

State
CA

Zip Code
95440

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C Transaction ID : **SB29.38390**

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Khalsa, Bhajleen, , ,

Mailing Address 60 Travertine Ct.

City
Lathrop

State
CA

Zip Code
95440

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C Transaction ID : **SB29.38391**

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)..... ▶

450.00

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. Khalsa, Bhajleen, , ,

Mailing Address 60 Travertine Ct.

City
Lathrop

State
CA

Zip Code
95440

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB29.38392

Amount of Each Disbursement this Period

[] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Khdlaryan, Jasmine, , ,

Mailing Address 13656 Polk St.

City
Sylmar

State
CA

Zip Code
91342

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB29.38395

Amount of Each Disbursement this Period

[] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Khdlaryan, Jasmine, , ,

Mailing Address 13656 Polk St.

City
Sylmar

State
CA

Zip Code
91342

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C []

Transaction ID : SB29.38396

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)..... ▶

[] 450.00

[]

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)

Grid for line numbers 21b-30b with checkboxes, where 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

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 - IE Only Account

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 03 / 18 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : SB29.38397

Amount of Each Disbursement this Period

Amount box: 150.00

Memo Item checkbox

Full Name (Last, First, Middle Initial)

B. Landeros, Luis, , ,

Mailing Address 31521 Whispering Palms Trl

City Cathedral City State CA Zip Code 92234

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

Date selection box: 03 / 01 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : SB29.38400

Amount of Each Disbursement this Period

Amount box: 150.00

Memo Item checkbox

Full Name (Last, First, Middle Initial)

C. Landeros, Luis, , ,

Mailing Address 31521 Whispering Palms Trl

City Cathedral City State CA Zip Code 92234

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

Date selection box: 03 / 18 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : SB29.38401

Amount of Each Disbursement this Period

Amount box: 150.00

Memo Item checkbox

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

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

Subtotal box: 450.00

Total box: (empty)

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

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, Bella, , ,

Mailing Address 9 Wolfback Ridge Rd.

City Sausalito State CA Zip Code 94965

Purpose of Disbursement
Strategic Consulting - IE Only Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2024

FEC Identification Number

C []

Transaction ID : SB29.38404

Amount of Each Disbursement this Period

[] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lee, Bella, , ,

Mailing Address 9 Wolfback Ridge Rd.

City Sausalito State CA Zip Code 94965

Purpose of Disbursement
Strategic Consulting - IE Only Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2024

FEC Identification Number

C []

Transaction ID : SB29.38405

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 - IE Only Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2024

FEC Identification Number

C []

Transaction ID : SB29.38406

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 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

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 - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38409

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 - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38410

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 - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38411

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)..... ▶

450.00

**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

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. Liang, Angel, , ,

Mailing Address 2378 Rolling Fork Circle
Apt. 204

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38414

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Liang, Angel, , ,

Mailing Address 2378 Rolling Fork Circle
Apt. 204

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38415

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Liang, Angel, , ,

Mailing Address 2378 Rolling Fork Circle
Apt. 204

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38416

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)..... ▶

450.00

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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)

<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

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. Loyd, Tahn, , ,

Mailing Address 7719 Countryside Dr.

City
Bloomington

State
MN

Zip Code
55438

Purpose of Disbursement
Strategic Consulting - 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
02		15		2024

FEC Identification Number

C

Transaction ID : SB29.38418

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Loyd, Tahn, , ,

Mailing Address 7719 Countryside Dr.

City
Bloomington

State
MN

Zip Code
55438

Purpose of Disbursement
Strategic Consulting - 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
03		01		2024

FEC Identification Number

C

Transaction ID : SB29.38419

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Loyd, Tahn, , ,

Mailing Address 7719 Countryside Dr.

City
Bloomington

State
MN

Zip Code
55438

Purpose of Disbursement
Strategic Consulting - 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
03		18		2024

FEC Identification Number

C

Transaction ID : SB29.38420

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 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. Marant, Olivia, , ,

Mailing Address 506 Idlewild Dr.
B

City
Houma

State
LA

Zip Code
70364

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38423

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Marant, Olivia, , ,

Mailing Address 506 Idlewild Dr.
B

City
Houma

State
LA

Zip Code
70364

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38424

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Marant, Olivia, , ,

Mailing Address 506 Idlewild Dr.
B

City
Houma

State
LA

Zip Code
70364

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38425

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)..... ▶

450.00

**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. Marriott, Katherine, , ,

Mailing Address 125 6th Ave.

City
Brooklyn

State
NY

Zip Code
11217

Purpose of Disbursement
Strategic Consulting - IE Only 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	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38428

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Marriott, Katherine, , ,

Mailing Address 125 6th Ave.

City
Brooklyn

State
NY

Zip Code
11217

Purpose of Disbursement
Strategic Consulting - IE Only 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	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38429

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Marriott, Katherine, , ,

Mailing Address 125 6th Ave.

City
Brooklyn

State
NY

Zip Code
11217

Purpose of Disbursement
Strategic Consulting - IE Only 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	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38430

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)..... ▶

450.00

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. Marwill, Phoebe, , ,

Mailing Address 19 Hillside Terrace
Apt. G

City
White Plains

State
NY

Zip Code
10601

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38433

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Marwill, Phoebe, , ,

Mailing Address 19 Hillside Terrace
Apt. G

City
White Plains

State
NY

Zip Code
10601

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38434

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Marwill, Phoebe, , ,

Mailing Address 19 Hillside Terrace
Apt. G

City
White Plains

State
NY

Zip Code
10601

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38435

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 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. Matsumoto, Samuel, , ,

Mailing Address 15119 Killion St.

City
Sherman Oaks

State
CA

Zip Code
91411

Purpose of Disbursement
Strategic Consulting - IE Only Account

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	2			1	5			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB29.38438

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Matsumoto, Samuel, , ,

Mailing Address 15119 Killion St.

City
Sherman Oaks

State
CA

Zip Code
91411

Purpose of Disbursement
Strategic Consulting - IE Only Account

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	3			0	1			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB29.38439

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Matsumoto, Samuel, , ,

Mailing Address 15119 Killion St.

City
Sherman Oaks

State
CA

Zip Code
91411

Purpose of Disbursement
Strategic Consulting - IE Only Account

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	3			1	8			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB29.38440

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 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

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. Meister, James, , ,

Mailing Address 262 Bald Eagle Dr.

City
Branchburg

State
NJ

Zip Code
08876

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38443

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Meister, James, , ,

Mailing Address 262 Bald Eagle Dr.

City
Branchburg

State
NJ

Zip Code
08876

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38444

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Meister, James, , ,

Mailing Address 262 Bald Eagle Dr.

City
Branchburg

State
NJ

Zip Code
08876

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38445

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)

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

Full Name (Last, First, Middle Initial)

A. Minnick, Emma, , ,

Mailing Address 3 Little Leaf Ct.

City Wilmington

State DE

Zip Code 19810

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

Date selection: 02 / 15 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB29.38448

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Minnick, Emma, , ,

Mailing Address 3 Little Leaf Ct.

City Wilmington

State DE

Zip Code 19810

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

Date selection: 03 / 01 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB29.38449

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Minnick, Emma, , ,

Mailing Address 3 Little Leaf Ct.

City Wilmington

State DE

Zip Code 19810

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

Date selection: 03 / 18 / 2024

FEC Identification Number

C [Redacted]

Transaction ID : SB29.38450

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).....

450.00

[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

Full Name (Last, First, Middle Initial)

A. Moreno, Taino, , ,

Mailing Address 715 West Milling St. Apt 405

City Lancaster State CA Zip Code 93534

Purpose of Disbursement Strategic Consulting - IE Only Account

Candidate Name

Office Sought: House, Senate, President. State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date selection: MM/DD/YYYY = 02/15/2024

FEC Identification Number

FEC ID: C [redacted]

Transaction ID : SB29.38453

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Moreno, Taino, , ,

Mailing Address 715 West Milling St. Apt 405

City Lancaster State CA Zip Code 93534

Purpose of Disbursement Strategic Consulting - IE Only Account

Candidate Name

Office Sought: House, Senate, President. State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date selection: MM/DD/YYYY = 03/01/2024

FEC Identification Number

FEC ID: C [redacted]

Transaction ID : SB29.38454

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Moreno, Taino, , ,

Mailing Address 715 West Milling St. Apt 405

City Lancaster State CA Zip Code 93534

Purpose of Disbursement Strategic Consulting - IE Only Account

Candidate Name

Office Sought: House, Senate, President. State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date selection: MM/DD/YYYY = 03/18/2024

FEC Identification Number

FEC ID: C [redacted]

Transaction ID : SB29.38455

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

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

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

Subtotal amount: 450.00

Total amount: [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

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. Morrison, Jamiyah, , ,

Mailing Address 2763 Morris Ave
402

City
Bronx

State
NY

Zip Code
10468

Purpose of Disbursement
Strategic Consulting - 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	2			1	5			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : SB29.38458

Amount of Each Disbursement this Period

[Redacted]	150.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

B. Morrison, Jamiyah, , ,

Mailing Address 2763 Morris Ave
402

City
Bronx

State
NY

Zip Code
10468

Purpose of Disbursement
Strategic Consulting - 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	3			0	1			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : SB29.38459

Amount of Each Disbursement this Period

[Redacted]	150.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

C. Morrison, Jamiyah, , ,

Mailing Address 2763 Morris Ave
402

City
Bronx

State
NY

Zip Code
10468

Purpose of Disbursement
Strategic Consulting - 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	3			1	8			2	0	2	4		

FEC Identification Number

C [Redacted]

Transaction ID : SB29.38460

Amount of Each Disbursement this Period

[Redacted]	150.00
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Memo Item

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

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

[Redacted]	450.00
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[Redacted]	
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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)

<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. Nadeem, Sanya, , ,

Mailing Address 57 Endean Dr.

City
East Walpole

State
MA

Zip Code
02032

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38463

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Nadeem, Sanya, , ,

Mailing Address 57 Endean Dr.

City
East Walpole

State
MA

Zip Code
02032

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38464

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Nadeem, Sanya, , ,

Mailing Address 57 Endean Dr.

City
East Walpole

State
MA

Zip Code
02032

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38465

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)..... ▶

450.00

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. Osunmo, Iyanuoluwa, , ,

Mailing Address 15419 Weldon Dr.

City
Houston

State
TX

Zip Code
77032

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : SB29.38468

Amount of Each Disbursement this Period

[Redacted] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Osunmo, Iyanuoluwa, , ,

Mailing Address 15419 Weldon Dr.

City
Houston

State
TX

Zip Code
77032

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : SB29.38469

Amount of Each Disbursement this Period

[Redacted] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Osunmo, Iyanuoluwa, , ,

Mailing Address 15419 Weldon Dr.

City
Houston

State
TX

Zip Code
77032

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C [Redacted]

Transaction ID : SB29.38470

Amount of Each Disbursement this Period

[Redacted] 150.00

Memo Item

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

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

[Redacted] 450.00

[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

Full Name (Last, First, Middle Initial)

A. 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)

State: District:

Date of Disbursement

Date selection: MM/DD/YYYY = 02/15/2024

FEC Identification Number

FEC ID: C

Transaction ID : SB29.38473

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

Full Name (Last, First, Middle Initial)

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)

State: District:

Date of Disbursement

Date selection: MM/DD/YYYY = 03/01/2024

FEC Identification Number

FEC ID: C

Transaction ID : SB29.38474

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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)

State: District:

Date of Disbursement

Date selection: MM/DD/YYYY = 03/18/2024

FEC Identification Number

FEC ID: C

Transaction ID : SB29.38475

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

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

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

Subtotal amount: 450.00

Total amount: 450.00

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. Packer, Izabella, , ,

Mailing Address 235 Hoyt St.
12 G

City
Brooklyn

State
NY

Zip Code
11217

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38478

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Packer, Izabella, , ,

Mailing Address 235 Hoyt St.
12 G

City
Brooklyn

State
NY

Zip Code
11217

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38479

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Packer, Izabella, , ,

Mailing Address 235 Hoyt St.
12 G

City
Brooklyn

State
NY

Zip Code
11217

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38480

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).....▶

450.00

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. Paz, Piolo, , ,

Mailing Address 9450 Gilman Dr
20455

City La Jolla State CA Zip Code 92093

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38483

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Paz, Piolo, , ,

Mailing Address 9450 Gilman Dr
20455

City La Jolla State CA Zip Code 92093

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38484

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pierre, Felton, , ,

Mailing Address 1695 NW 112th St.

City Miami State FL Zip Code 33167

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38487

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)..... ▶

450.00

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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, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Pierre, Felton, , ,

Mailing Address 1695 NW 112th St.

City Miami

State FL

Zip Code 33167

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

Date selection: 03 / 01 / 2024

FEC Identification Number

C Transaction ID : SB29.38488

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Polarouthu, Nandini, , ,

Mailing Address 966 Astoria Dr.

City Sunnyvale

State CA

Zip Code 94087

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

Date selection: 02 / 15 / 2024

FEC Identification Number

C Transaction ID : SB29.38491

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Polarouthu, Nandini, , ,

Mailing Address 966 Astoria Dr.

City Sunnyvale

State CA

Zip Code 94087

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

Date selection: 03 / 01 / 2024

FEC Identification Number

C Transaction ID : SB29.38492

Amount of Each Disbursement this Period

Amount: 150.00

Memo Item

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

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

Subtotal amount: 450.00

Total amount: 450.00

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. Polarouthu, Nandini, , ,

Mailing Address 966 Astoria Dr.

City
Sunnyvale

State
CA

Zip Code
94087

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	/	D	D	/	Y	Y	Y	Y
03			18			2024			

FEC Identification Number

C []

Transaction ID : SB29.38493

Amount of Each Disbursement this Period

[] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Purnell, Brock, , ,

Mailing Address 15 Ardennes Dr.

City
Ladera Ranch

State
CA

Zip Code
92694

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	/	D	D	/	Y	Y	Y	Y
02			15			2024			

FEC Identification Number

C []

Transaction ID : SB29.38496

Amount of Each Disbursement this Period

[] 150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Purnell, Brock, , ,

Mailing Address 15 Ardennes Dr.

City
Ladera Ranch

State
CA

Zip Code
92694

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	/	D	D	/	Y	Y	Y	Y
03			01			2024			

FEC Identification Number

C []

Transaction ID : SB29.38497

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)..... ▶

[] 450.00

[]

**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. Purnell, Brock, , ,

Mailing Address 15 Ardennes Dr.

City
Ladera Ranch

State
CA

Zip Code
92694

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38498

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Reynoso, Jocelyn, , ,

Mailing Address 12917 Kerrydale Rd.

City
Woodbridge

State
VA

Zip Code
22193

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38501

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Reynoso, Jocelyn, , ,

Mailing Address 12917 Kerrydale Rd.

City
Woodbridge

State
VA

Zip Code
22193

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38502

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)..... ▶

450.00

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. Reynoso, Jocelyn, , ,

Mailing Address 12917 Kerrydale Rd.

City
Woodbridge

State
VA

Zip Code
22193

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38503

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rhorer, Ethan, , ,

Mailing Address 5826 Ivanhoe Rd.

City
Oakland

State
CA

Zip Code
94618

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38506

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rhorer, Ethan, , ,

Mailing Address 5826 Ivanhoe Rd.

City
Oakland

State
CA

Zip Code
94618

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38507

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)..... ▶

450.00

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. Rhorer, Ethan, , ,

Mailing Address 5826 Ivanhoe Rd.

City
Oakland

State
CA

Zip Code
94618

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38508

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ricklefs, Alea, , ,

Mailing Address 4839 Shellridge Rd. NW

City
Olympia

State
WA

Zip Code
98502

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38511

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ricklefs, Alea, , ,

Mailing Address 4839 Shellridge Rd. NW

City
Olympia

State
WA

Zip Code
98502

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38512

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)..... ▶

450.00

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. Ricklefs, Alea, , ,

Mailing Address 4839 Shellridge Rd. NW

City Olympia

State WA

Zip Code 98502

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	/	D	D	/	Y	Y	Y	Y
03			18			2024			

FEC Identification Number

C

Transaction ID : SB29.38513

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rochlin, Creighton, , ,

Mailing Address 6682 Petaluma Hill Rd.

City Davis

State CA

Zip Code 95616

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	/	D	D	/	Y	Y	Y	Y
02			15			2024			

FEC Identification Number

C

Transaction ID : SB29.38516

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rochlin, Creighton, , ,

Mailing Address 6682 Petaluma Hill Rd.

City Davis

State CA

Zip Code 95616

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	/	D	D	/	Y	Y	Y	Y
03			01			2024			

FEC Identification Number

C

Transaction ID : SB29.38517

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)..... ▶

450.00

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)

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: Disbursement for Rochlin, Creighton, , , . Includes fields for Date of Disbursement (03/18/2024), Mailing Address (6682 Petaluma Hill Rd.), City (Davis, CA), Zip Code (95616), Purpose of Disbursement (Strategic Consulting - IE Only Account), Candidate Name, Office Sought, and Disbursement For (Primary/General/Other). Transaction ID: SB29.38518, Amount: 150.00.

Form B: Disbursement for Ruiz, Ivanna, , , . Includes fields for Date of Disbursement (02/15/2024), Mailing Address (1542 Barberrry Pl.), City (Chula Vista, CA), Zip Code (91915), Purpose of Disbursement (Strategic Consulting - IE Only Account), Candidate Name, Office Sought, and Disbursement For (Primary/General/Other). Transaction ID: SB29.38521, Amount: 150.00.

Form C: Disbursement for Ruiz, Ivanna, , , . Includes fields for Date of Disbursement (03/01/2024), Mailing Address (1542 Barberrry Pl.), City (Chula Vista, CA), Zip Code (91915), Purpose of Disbursement (Strategic Consulting - IE Only Account), Candidate Name, Office Sought, and Disbursement For (Primary/General/Other). Transaction ID: SB29.38522, 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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)

YOUTH PROGRESSIVE ACTION CATALYST

Full Name (Last, First, Middle Initial)

A. Ruiz, Ivanna, , ,

Mailing Address 1542 Barberry Pl.

City Chula Vista State CA Zip Code 91915

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

Date selection box: 03 / 18 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : SB29.38523

Amount of Each Disbursement this Period

Amount box: 150.00

Memo Item checkbox

Full Name (Last, First, Middle Initial)

B. Sabhnani, Anay, , ,

Mailing Address 15231 Heather Stone Ct.

City San Diego State CA Zip Code 92127

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

Date selection box: 02 / 15 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : SB29.38526

Amount of Each Disbursement this Period

Amount box: 150.00

Memo Item checkbox

Full Name (Last, First, Middle Initial)

C. Sabhnani, Anay, , ,

Mailing Address 15231 Heather Stone Ct.

City San Diego State CA Zip Code 92127

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

Date selection box: 03 / 01 / 2024

FEC Identification Number

FEC ID box: C

Transaction ID : SB29.38527

Amount of Each Disbursement this Period

Amount box: 150.00

Memo Item checkbox

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

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

Subtotal box: 450.00

Total box: (empty)

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

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. Sabhnani, Anay, , ,

Mailing Address 15231 Heather Stone Ct.

City
San Diego

State
CA

Zip Code
92127

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38528

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sapro, Leila, , ,

Mailing Address 2820 Menlo Avenue
#1

City
Los Angeles

State
CA

Zip Code
90007

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38531

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Sapro, Leila, , ,

Mailing Address 2820 Menlo Avenue
#1

City
Los Angeles

State
CA

Zip Code
90007

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38532

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)..... ▶

450.00

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. Supra, Leila, , ,

Mailing Address 2820 Menlo Avenue
#1

City
Los Angeles

State
CA

Zip Code
90007

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38533

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Schimmel, Drew, , ,

Mailing Address 4910 W 155th Ter.

City
Overland Park

State
KS

Zip Code
66224

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38536

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Schimmel, Drew, , ,

Mailing Address 4910 W 155th Ter.

City
Overland Park

State
KS

Zip Code
66224

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38537

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)..... ▶

450.00

**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. Schimmel, Drew, , ,

Mailing Address 4910 W 155th Ter.

City
Overland Park

State
KS

Zip Code
66224

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38538

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Scott Contreras, Thomas, , ,

Mailing Address 3229 Hopland St.

City
West Sacramento

State
CA

Zip Code
95691

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38541

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Contreras, Thomas, , ,

Mailing Address 3229 Hopland St.

City
West Sacramento

State
CA

Zip Code
95691

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38542

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)..... ▶

450.00

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. Scott Contreras, Thomas, , ,

Mailing Address 3229 Hopland St.

City
West Sacramento

State
CA

Zip Code
95691

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38543

Amount of Each Disbursement this Period

150.00

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 - 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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38547

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 - 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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38548

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)..... ▶

450.00

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

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. Siddiqui, Aaeshah, , ,

Mailing Address 74 Timberview Dr.

City
Rochester

State
MI

Zip Code
48307

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38549

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Singh, Jessica, , ,

Mailing Address 4815 Pennel Ct.

City
Stockton

State
CA

Zip Code
95206

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38552

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Singh, Jessica, , ,

Mailing Address 4815 Pennel Ct.

City
Stockton

State
CA

Zip Code
95206

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38553

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 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. Singh, Jessica, , ,

Mailing Address 4815 Pennel Ct.

City
Stockton

State
CA

Zip Code
95206

Purpose of Disbursement
Strategic Consulting - IE Only 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	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38554

Amount of Each Disbursement this Period

150.00

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	3		1	3		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38211

Amount of Each Disbursement this Period

149.28

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
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	3		2	6		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38215

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)..... ▶

449.28

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. Taher, Yasien, , ,

Mailing Address 9263 Parkland Dr.

City
Ypsilanti

State
MI

Zip Code
48197

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38556

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Taher, Yasien, , ,

Mailing Address 9263 Parkland Dr.

City
Ypsilanti

State
MI

Zip Code
48197

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38557

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Taher, Yasien, , ,

Mailing Address 9263 Parkland Dr.

City
Ypsilanti

State
MI

Zip Code
48197

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38558

Amount of Each Disbursement this Period

75.00

Memo Item

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

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

375.00

**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. Thompson, Camille, , ,		Date of Disbursement MM / DD / YYYY 02 / 15 / 2024	
Mailing Address 1743 Misselthrush Lane		FEC Identification Number C [] Transaction ID : SB29.38560	
City Mcdonough	State GA	Zip Code 30253	Amount of Each Disbursement this Period [] 150.00
Purpose of Disbursement Strategic Consulting - IE Only Account		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. Thompson, Camille, , ,		Date of Disbursement MM / DD / YYYY 03 / 01 / 2024	
Mailing Address 1743 Misselthrush Lane		FEC Identification Number C [] Transaction ID : SB29.38561	
City Mcdonough	State GA	Zip Code 30253	Amount of Each Disbursement this Period [] 150.00
Purpose of Disbursement Strategic Consulting - IE Only Account		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. Thompson, Camille, , ,		Date of Disbursement MM / DD / YYYY 03 / 18 / 2024	
Mailing Address 1743 Misselthrush Lane		FEC Identification Number C [] Transaction ID : SB29.38562	
City Mcdonough	State GA	Zip Code 30253	Amount of Each Disbursement this Period [] 150.00
Purpose of Disbursement Strategic Consulting - IE Only Account		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).....▶	[] 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 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

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. Thomsak, Cecelia, , ,

Mailing Address 9450 Gilman Dr.
#10129

City La Jolla State CA Zip Code 92092

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
02		15		2024

FEC Identification Number

C

Transaction ID : SB29.38565

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Thomsak, Cecelia, , ,

Mailing Address 9450 Gilman Dr.
#10129

City La Jolla State CA Zip Code 92092

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
03		01		2024

FEC Identification Number

C

Transaction ID : SB29.38566

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Thomsak, Cecelia, , ,

Mailing Address 9450 Gilman Dr.
#10129

City La Jolla State CA Zip Code 92092

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
03		18		2024

FEC Identification Number

C

Transaction ID : SB29.38567

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)..... ▶

450.00

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

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. Torres, Michael, , ,

Mailing Address 5089 NW 195 Ln.

City
Miami Gardens

State
FL

Zip Code
33055

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38570

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Torres, Michael, , ,

Mailing Address 5089 NW 195 Ln.

City
Miami Gardens

State
FL

Zip Code
33055

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38571

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Torres, Michael, , ,

Mailing Address 5089 NW 195 Ln.

City
Miami Gardens

State
FL

Zip Code
33055

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38572

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)..... ▶

450.00

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. Tran, Derek, , ,

Mailing Address 9450 Gilman Dr.
Mailbox Number 35029

City La Jolla State CA Zip Code 92092

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C

Transaction ID : SB29.38575

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tran, Derek, , ,

Mailing Address 9450 Gilman Dr.
Mailbox Number 35029

City La Jolla State CA Zip Code 92092

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C

Transaction ID : SB29.38576

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tran, Derek, , ,

Mailing Address 9450 Gilman Dr.
Mailbox Number 35029

City La Jolla State CA Zip Code 92092

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C

Transaction ID : SB29.38577

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)..... ▶

450.00

**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. Waymon, Amaya, , ,

Mailing Address 1252 Dicus Lane

City
Tallahassee

State
FL

Zip Code
32305

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38580

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Waymon, Amaya, , ,

Mailing Address 1252 Dicus Lane

City
Tallahassee

State
FL

Zip Code
32305

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38581

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Waymon, Amaya, , ,

Mailing Address 1252 Dicus Lane

City
Tallahassee

State
FL

Zip Code
32305

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38582

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)..... ▶

450.00

**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. Wein, Eden, , ,

Mailing Address 7508 N 22nd St.

City
Phoenix

State
AZ

Zip Code
85020

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38586

Amount of Each Disbursement this Period

75.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wein, Eden, , ,

Mailing Address 7508 N 22nd St.

City
Phoenix

State
AZ

Zip Code
85020

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38587

Amount of Each Disbursement this Period

75.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wolf, Evan, , ,

Mailing Address 4922 Rain Tree Ln.

City
Irvine

State
CA

Zip Code
92612

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38590

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)..... ▶

300.00

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. Wolf, Evan, , ,

Mailing Address 4922 Rain Tree Ln.

City
Irvine

State
CA

Zip Code
92612

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38591

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wolf, Evan, , ,

Mailing Address 4922 Rain Tree Ln.

City
Irvine

State
CA

Zip Code
92612

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38592

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Xiong, Angela, , ,

Mailing Address 9 E 33rd St.
611B

City
Baltimore

State
MD

Zip Code
21218

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38595

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)..... ▶

450.00

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. Xiong, Angela, , ,

Mailing Address 9 E 33rd St.
611B

City Baltimore State MD Zip Code 21218

Purpose of Disbursement
Strategic Consulting - 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
03	/	01	/	2024

FEC Identification Number

C Transaction ID : **SB29.38596**

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Xiong, Angela, , ,

Mailing Address 9 E 33rd St.
611B

City Baltimore State MD Zip Code 21218

Purpose of Disbursement
Strategic Consulting - 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
03	/	18	/	2024

FEC Identification Number

C Transaction ID : **SB29.38597**

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Yerat-Rodriguez, Donna, , ,

Mailing Address 5515 Blair Rd. NE

City Washington State DC Zip Code 20011

Purpose of Disbursement
Strategic Consulting - 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
02	/	15	/	2024

FEC Identification Number

C Transaction ID : **SB29.38600**

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)..... ▶

450.00

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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)

<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. Yerat-Rodriguez, Donna, , ,

Mailing Address 5515 Blair Rd. NE

City
Washington

State
DC

Zip Code
20011

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38601

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Yerat-Rodriguez, Donna, , ,

Mailing Address 5515 Blair Rd. NE

City
Washington

State
DC

Zip Code
20011

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38602

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Zajac, Maria, , ,

Mailing Address 1168 Elbur Ave.

City
Lakewood

State
OH

Zip Code
44107

Purpose of Disbursement
Strategic Consulting - 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	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	4

FEC Identification Number

C

Transaction ID : SB29.38605

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)..... ▶

450.00

**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. Zajac, Maria, , ,

Mailing Address 1168 Elbur Ave.

City
Lakewood

State
OH

Zip Code
44107

Purpose of Disbursement
Strategic Consulting - IE Only 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
03			01			2024			

FEC Identification Number

C

Transaction ID : SB29.38606

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Zajac, Maria, , ,

Mailing Address 1168 Elbur Ave.

City
Lakewood

State
OH

Zip Code
44107

Purpose of Disbursement
Strategic Consulting - IE Only 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
03			18			2024			

FEC Identification Number

C

Transaction ID : SB29.38607

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: 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

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Memo Item

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

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

300.00

32346.26
