Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM **460**

Page 1 of 13

For Official Use Only

Statement covers period
from 01/01/2024
through 06/30/2024

Date of election if applicable: (Month, Day, Year)

Date Stamp
RECEIVED
JUL 30 2024
TOWN OF MAMMOTH LAKES
OFFICE OF THE TOWN CLERK

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4

- ☐ Officeholder, Candidate Controlled Committee
  - ☐ State Candidate Election Committee
  - ☐ Recall
  - *(Also Complete Part 5)*
- ☒ General Purpose Committee
  - ☐ Sponsored
  - ☐ Small Contributor Committee
  - ☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ☐ Controlled
  - ☐ Sponsored
  - *(Also Complete Part 6)*
- ☐ Primarily Formed Candidate/ Officeholder Committee
  - *(Also Complete Part 7)*

2. Type of Statement:

- ☐ Preelection Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain Below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1468926

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

LOCALS ORGANIZED FOR COMMUNITY ADVOCACY AND LEADERSHIP (LOCAL PAC)

STREET ADDRESS (NO P.O. BOX) [redacted]

CITY: IMPERIAL BEACH, CA 91932 | STATE | ZIP CODE | AREA CODE/PHONE [redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX [redacted]

CITY: IMPERIAL BEACH, CA 91932 | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
BRIANA@BBCAMPAIGNS.COM

Treasurer(s)

NAME OF TREASURER
BRIANA BILBRAY

MAILING ADDRESS [redacted]

CITY: IMPERIAL BEACH, CA 91932 | STATE | ZIP CODE | AREA CODE/PHONE [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
BRIANA@BBCAMPAIGNS.COM

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/25/2024 (DATE) By BRIANA BILBRAY [redacted]

Executed on _____ (DATE) By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ (DATE) By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (DATE) By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY | STATE | ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)

CITY | STATE | ZIP CODE | AREA

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 06/30/2024

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LOCALS ORGANIZED FOR COMMUNITY ADVOCACY AND LEADERSHIP (LOCAL PAC)

I.D. NUMBER
1468926

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 0.00	$ 0.00
2. Loans Received	*Schedule B, Line 3*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 0.00	$ 0.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 0.00	$ 0.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 0.00	$ 0.00
7. Loans Made	*Schedule H, Line 3*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 0.00	$ 0.00
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	0.00
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 0.00	$ 0.00

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 0.00
13. Cash Receipts	*Column A, Line 3 above*	0.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0.00
15. Cash Payments	*Column A, Line 8 above*	0.00
16. ENDING CASH BALANCE	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 0.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Line 2* — $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$ 0.00	$ 0.00
21. Expenditures Made	$ 0.00	$ 0.00

Expenditures Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
	$
	$
	$
	$
	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LOCALS ORGANIZED FOR COMMUNITY ADVOCACY AND LEADERSHIP (LOCAL PAC)

I.D. NUMBER
1468926

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

Schedule A Summary

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) $ 0.00
2. Amount received this period - unitemized monetary contributions of less than $100 $ 0.00
3. Total monetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ 0.00

* Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTAL $

Schedule B - Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LOCALS ORGANIZED FOR COMMUNITY ADVOCACY AND LEADERSHIP (LOCAL PAC)

I.D. NUMBER
1468926

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
*☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION**

Schedule B Summary

1. Loans received this period $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET $ 0.00
   Enter the net here and on the Summary Page, Column A, Line 2
   (May be a negative number)

* Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTALS $	$	$	$	

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

(Enter (e) on Schedule E, Line 3)

Schedule B - Part 2
Loan Guarantors

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LOCALS ORGANIZED FOR COMMUNITY ADVOCACY AND LEADERSHIP (LOCAL PAC)

I.D. NUMBER
1468926

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR DATE $ _____ PER ELECTION (IF REQUIRED)	

SUBTOTAL $ Enter on Summary Page. Line 17 only.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LOCALS ORGANIZED FOR COMMUNITY ADVOCACY AND LEADERSHIP (LOCAL PAC)

I.D. NUMBER
1468926

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) $ 0.00

2. Amount received this period - unitemized nonmonetary contributions of less than $100 $ 0.00

3. Total nonmonetary contributions received this period. (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL $ 0.00

* Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SUBTOTAL $

Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures, and Committees

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2024
through 06/30/2024

SCHEDULE D
CALIFORNIA FORM 460

NAME OF FILER
LOCALS ORGANIZED FOR COMMUNITY ADVOCACY AND LEADERSHIP (LOCAL PAC)

I.D. NUMBER
1468926

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				

SCHEDULE D SUMMARY

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) $ 0.00
2. Unitemized contributions and independent expenditures made this period of under $100 $ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL $ 0.00

SUBTOTAL $

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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I.D. NUMBER
1468926

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 0.00
2. Unitemized payments made this period of under $100 $ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F

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from 01/01/2024
through 06/30/2024

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NAME OF FILER
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I.D. NUMBER
1468926

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

SCHEDULE F SUMMARY

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) **INCURRED TOTALS $** 0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) **PAID TOTALS $** 0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET $** 0.00

SUBTOTALS	$	$	$	$

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

SCHEDULE G

CALIFORNIA FORM 460

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from 01/01/2024
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LOCALS ORGANIZED FOR COMMUNITY ADVOCACY AND LEADERSHIP (LOCAL PAC)

I.D. NUMBER
1468926

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

TOTAL * $

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

** Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H
Loans Made to Others*

Amounts may be rounded to whole dollars.

SCHEDULE H

Statement covers period
from 01/01/2024
through 06/30/2024

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
LOCALS ORGANIZED FOR COMMUNITY ADVOCACY AND LEADERSHIP (LOCAL PAC)

I.D. NUMBER
1468926

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION**
SUBTOTALS		$	$	$	$			

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

SCHEDULE I

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from 01/01/2024
through 06/30/2024

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1468926

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Schedule I Summary

1. Itemized increases to cash this period. $ 0.00
2. Unitemized increases to cash of under $100 this period. $ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

TOTAL $ 0.00

SUBTOTAL $