

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Rideshare 2 Vote	13 Filer ID (Ethics Commission Filers) 00084821
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 65,012.38
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 114,281.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,477.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Joan C. Bejean

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Rideshare 2 Vote	18 Filer ID (Ethics Commission Filers) 00084821
19 SCHEDULE SUBTOTALS	SUBTOTAL AMOUNT
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 65,012.38
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 114,281.63
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,983.51

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/320 Rpt: 4/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Caggiano, May	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Ashburn, VA 20147	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Squitieri, Alexander	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Madison, WI 53703	
Principal occupation / Job title (See Instructions) programmer		Employer (See Instructions) U wisconsin Madison
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Achey, Michael	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code North Easton, MA 02356	
Principal occupation / Job title (See Instructions) md		Employer (See Instructions) compass medical
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Achey, Michael	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code North Easton, MA 02356	
Principal occupation / Job title (See Instructions) md		Employer (See Instructions) compass medical
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Achey, Michael	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code North Easton, MA 02356	
Principal occupation / Job title (See Instructions) md		Employer (See Instructions) compass medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/320 Rpt: 5/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra <hr/> 6 Contributor address; City; State; Zip Code Durham, NC 27701	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) writer		9 Employer (See Instructions) self
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra <hr/> Contributor address; City; State; Zip Code Durham, NC 27701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis <hr/> Contributor address; City; State; Zip Code Roseville, MN 55113	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis <hr/> Contributor address; City; State; Zip Code Roseville, MN 55113	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis <hr/> Contributor address; City; State; Zip Code Roseville, MN 55113	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/320 Rpt: 6/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Roseville, MN 55113		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Roseville, MN 55113		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Roseville, MN 55113		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Roseville, MN 55113		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Roseville, MN 55113		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/320 Rpt: 7/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albi, Frank <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45255	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) Business Information Solutions Inc.
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/320 Rpt: 8/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> 6 Contributor address; City; State; Zip Code Petaluma, CA 94954	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/320 Rpt: 9/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> 6 Contributor address; City; State; Zip Code Petaluma, CA 94954	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/320 Rpt: 10/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> 6 Contributor address; City; State; Zip Code Petaluma, CA 94954	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/320 Rpt: 11/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> 6 Contributor address; City; State; Zip Code Petaluma, CA 94954	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> Contributor address; City; State; Zip Code Petaluma, CA 94954	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/320 Rpt: 12/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Verne <hr/> 6 Contributor address; City; State; Zip Code Petaluma, CA 94954	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaguer, Julia <hr/> Contributor address; City; State; Zip Code Loveland, OH 45140	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Summit country day school
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alton, Martha <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85259	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alton, Martha <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85259	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amodeo, Adele <hr/> Contributor address; City; State; Zip Code Albany, CA 94706	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Health Policy Consultant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/320 Rpt: 13/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Dedan <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94610	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Game Designer		9 Employer (See Instructions) Foundation9
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anker, Laura <hr/> Contributor address; City; State; Zip Code STONE RIDGE, NY 12484	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anker, Laura <hr/> Contributor address; City; State; Zip Code STONE RIDGE, NY 12484	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aruffo, Sylvia <hr/> Contributor address; City; State; Zip Code Highland Park, IL 60035	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) CSI
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aruffo, Sylvia <hr/> Contributor address; City; State; Zip Code Highland Park, IL 60035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) CSI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/320 Rpt: 14/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aspen, Janet	7 Amount of Contribution (\$) \$7.00
6 Contributor address; City; State; Zip Code Brooklyn, NY 11209		
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aspen, Janet	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Brooklyn, NY 11209		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audesirk, Gerald	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Steamboat Springs, CO 80477		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aust, Catherine	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Fayetteville, GA 30214		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Teresa	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/320 Rpt: 15/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averill, Edward <hr/> 6 Contributor address; City; State; Zip Code Beaverton, OR 97008	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Me
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASMAN, BERIL <hr/> Contributor address; City; State; Zip Code CHICAGO, IL 60605	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babcock, Primula <hr/> Contributor address; City; State; Zip Code Branford, CT 06405	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baechle, Ralph <hr/> Contributor address; City; State; Zip Code Davenport, IA 52807	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baechle, Ralph <hr/> Contributor address; City; State; Zip Code Davenport, IA 52807	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/320 Rpt: 16/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baggs, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Sedona, AZ 86351	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bahnsen, Pamelaanne <hr/> Contributor address; City; State; Zip Code Creswell, OR 97426	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bahnsen, Pamelaanne <hr/> Contributor address; City; State; Zip Code Creswell, OR 97426	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bair, Chip <hr/> Contributor address; City; State; Zip Code Lahaina, HI 96761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballmann, Elisabeth <hr/> Contributor address; City; State; Zip Code Cave Creek, AZ 85331	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Desert Moon Rising

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/320 Rpt: 17/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Hannah <hr/> 6 Contributor address; City; State; Zip Code Newton, MA 02459	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) retired
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Marilee <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Battista, Ron <hr/> Contributor address; City; State; Zip Code Evans, GA 30813	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Battista, Ron <hr/> Contributor address; City; State; Zip Code Evans, GA 30813	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bautista, Mary Paula <hr/> Contributor address; City; State; Zip Code New York, NY 10031	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/320 Rpt: 18/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bautista, Mary Paula <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10031	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beautyman, Alexandra <hr/> Contributor address; City; State; Zip Code New Haven, CT 06511	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Comics Creator		Employer (See Instructions) Self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beautyman, Alexandra <hr/> Contributor address; City; State; Zip Code New Haven, CT 06511	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Comics Creator		Employer (See Instructions) Self
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beautyman, Alexandra <hr/> Contributor address; City; State; Zip Code New Haven, CT 06511	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Comics Creator		Employer (See Instructions) Self
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Michael <hr/> Contributor address; City; State; Zip Code Garland, TX 75040	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Small business owner		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/320 Rpt: 19/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer, Avery <hr/> 6 Contributor address; City; State; Zip Code Bloomfield, NY 14469	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jimmy <hr/> Contributor address; City; State; Zip Code Hico, TX 76457	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Accessibility Consultant		Employer (See Instructions) Access by Design
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jimmy <hr/> Contributor address; City; State; Zip Code Hico, TX 76457	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Accessibility Consultant		Employer (See Instructions) Access by Design
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Jimmy <hr/> Contributor address; City; State; Zip Code Hico, TX 76457	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Accessibility Consultant		Employer (See Instructions) Access by Design
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Sharon <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/320 Rpt: 20/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benal, Jolanta <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11218	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) editor		9 Employer (See Instructions) Jolanta Benal
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benigno, Ronald <hr/> Contributor address; City; State; Zip Code Brea, CA 92821	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benigno, Ronald <hr/> Contributor address; City; State; Zip Code Brea, CA 92821	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bensky, Dan <hr/> Contributor address; City; State; Zip Code Seattle, WA 98199	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bensky, Dan <hr/> Contributor address; City; State; Zip Code Seattle, WA 98199	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/320 Rpt: 21/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley-Nehrhood, Gina <hr/> 6 Contributor address; City; State; Zip Code Kirkland, WA 98033	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley-Nehrhood, Gina <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley-Nehrhood, Gina <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berliss, Jeremy <hr/> Contributor address; City; State; Zip Code Portland, OR 97211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Multnomah education service district
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berliss, Jeremy <hr/> Contributor address; City; State; Zip Code Portland, OR 97211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Multnomah education service district

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/320 Rpt: 22/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bern, Lauren <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethard, Laura <hr/> Contributor address; City; State; Zip Code Allston, MA 02134	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) publications		Employer (See Instructions) NBER
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethard, Laura <hr/> Contributor address; City; State; Zip Code Allston, MA 02134	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) publications		Employer (See Instructions) NBER
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethard, Laura <hr/> Contributor address; City; State; Zip Code Allston, MA 02134	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Publications		Employer (See Instructions) NBER
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biesanz, Rebecca <hr/> Contributor address; City; State; Zip Code Jacksonville, FL 32258	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/320 Rpt: 23/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bilkey, Amy W <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30328	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bilkey, Amy W <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billing, Elena <hr/> Contributor address; City; State; Zip Code Guilford, CT 06437	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billing, Elena <hr/> Contributor address; City; State; Zip Code Guilford, CT 06437	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billing, Elena <hr/> Contributor address; City; State; Zip Code Guilford, CT 06437	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/320 Rpt: 24/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billing, Elena	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Guilford, CT 06437		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billing, Elena	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Guilford, CT 06437		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billing, Elena	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Guilford, CT 06437		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billing, Elena	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Guilford, CT 06437		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binford, J Allison	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Denver, CO 80222		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/320 Rpt: 25/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, David <hr/> 6 Contributor address; City; State; Zip Code South Orange, NJ 07079	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, David <hr/> Contributor address; City; State; Zip Code South Orange, NJ 07079	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanding, Dianne <hr/> Contributor address; City; State; Zip Code Young, AZ 85554	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleakley, Rebecca <hr/> Contributor address; City; State; Zip Code Taunton, MA 02780	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleakley, Rebecca <hr/> Contributor address; City; State; Zip Code Taunton, MA 02780	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/320 Rpt: 26/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blier, Steven <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10025	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) Juilliard School
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blier, Steven <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Juilliard School
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloom, Jacob <hr/> Contributor address; City; State; Zip Code Arlington, MA 02476	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloom, Jacob <hr/> Contributor address; City; State; Zip Code Arlington, MA 02476	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloomfield, Ellie <hr/> Contributor address; City; State; Zip Code Glendale, CA 91208	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/320 Rpt: 27/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BoBo, Brenda	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Myrtle Beach, SC 29572		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BoBo, Brenda	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Myrtle Beach, SC 29572		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BoBo, Brenda	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Myrtle Beach, SC 29572		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, Elizabeth	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Middletown, CT 06457		
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, Elizabeth	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Middletown, CT 06457		
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/320 Rpt: 28/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Middletown, CT 06457	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) writer		9 Employer (See Instructions) self
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bode, Lou Ann <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohnet, Julie <hr/> Contributor address; City; State; Zip Code Willits, CA 95490	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boland, William <hr/> Contributor address; City; State; Zip Code Miami, FL 33133	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physiologist		Employer (See Instructions) BodyFix Method
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booze, Valerie <hr/> Contributor address; City; State; Zip Code Wilmington, NC 28409	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/320 Rpt: 29/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borchardt, Susan <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20003	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Gardener		9 Employer (See Instructions) Self
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bort, Daniel <hr/> Contributor address; City; State; Zip Code Richmond, CA 94807	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bort, Daniel <hr/> Contributor address; City; State; Zip Code Richmond, CA 94807	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, James <hr/> Contributor address; City; State; Zip Code CORDOVA, TN 38016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Ret		Employer (See Instructions) US Navy
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Sandra <hr/> Contributor address; City; State; Zip Code University Place, WA 98466	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/320 Rpt: 30/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Sandra <hr/> 6 Contributor address; City; State; Zip Code University Place, WA 98466	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Not employed
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boxer, Barbara <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boxer, Barbara <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Nancy <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94583	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ACBL
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Nancy <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94583	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ACBL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/320 Rpt: 31/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Nancy	7 Amount of Contribution (\$) \$24.00
6 Contributor address; City; State; Zip Code San Ramon, CA 94583		
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) ACBL
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Nancy	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code San Ramon, CA 94583		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ACBL
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bozzolo, Adrian	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code OAKLAND, CA 94602		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Jessica	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Wayne, NJ 07470		
Principal occupation / Job title (See Instructions) Laboratory scientist		Employer (See Instructions) Alfa Wassermann
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Jessica	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Wayne, NJ 07470		
Principal occupation / Job title (See Instructions) Laboratory scientist		Employer (See Instructions) Alfa Wassermann

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/320 Rpt: 32/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brainerd, Tim	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Framingham, MA 01701		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brainerd, Tim	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Framingham, MA 01701		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bransten, Rena	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Francisco, CA 94118		
Principal occupation / Job title (See Instructions) Art dealer		Employer (See Instructions) Owner
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bransten, Rena	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Francisco, CA 94118		
Principal occupation / Job title (See Instructions) Art dealer		Employer (See Instructions) Owner
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brant, Susan L and John E	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Minocqua, WI 54548		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/320 Rpt: 33/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brant, Susan L and John E	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Minocqua, WI 54548		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braufman, Brad	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Somerville, MA 02144		
Principal occupation / Job title (See Instructions) Filmmaker		Employer (See Instructions) self
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Nancy	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Tarrytown, NY 10591		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Nancy	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Tarrytown, NY 10591		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenner, Deirdre	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code South Pasadena, CA 91030		
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) Universal Animation Studios

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/320 Rpt: 34/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breslow Newhouse, Ellen	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code New York, NY 10013		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breslow Newhouse, Ellen	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code New York, NY 10013		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brezniak, Ellen	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Westborough, MA 01581		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Act!
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill, Bettye	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Francisco, CA 94115		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill, Bettye	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Francisco, CA 94115		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/320 Rpt: 35/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronson, Judi	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Clarkston, GA 30021		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Tim	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Rockport, TX 78382		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Tim	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Rockport, TX 78382		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Tim	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Rockport, TX 78382		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bonita Springs, FL 31045		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/320 Rpt: 36/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> 6 Contributor address; City; State; Zip Code Bonita Springs, FL 31045	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Joy <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Rufus <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94122	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Rufus <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94122	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bubul, Kirk <hr/> Contributor address; City; State; Zip Code Kimball, TN 37347	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/320 Rpt: 37/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bubul, Kirk <hr/> 6 Contributor address; City; State; Zip Code Kimball, TN 37347	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckle, David <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44118	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Retired public school teacher		Employer (See Instructions) None
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckner, Raymond <hr/> Contributor address; City; State; Zip Code Somerset, NJ 08873	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) nononene
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckner, Raymond <hr/> Contributor address; City; State; Zip Code Somerset, NJ 08873	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) nononene
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunnell, Virginia <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/320 Rpt: 38/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunnell, Virginia <hr/> 6 Contributor address; City; State; Zip Code Bellingham, WA 98225	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgnon, Michaela <hr/> Contributor address; City; State; Zip Code Odenton, MD 21113	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgnon, Michaela <hr/> Contributor address; City; State; Zip Code Odenton, MD 21113	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgnon, Michaela <hr/> Contributor address; City; State; Zip Code Odenton, MD 21113	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgnon, Michaela <hr/> Contributor address; City; State; Zip Code Odenton, MD 21113	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/320 Rpt: 39/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Paul <hr/> 6 Contributor address; City; State; Zip Code Sheffield, MA 01257	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Partner		9 Employer (See Instructions) Allen
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Paul <hr/> Contributor address; City; State; Zip Code Sheffield, MA 01257	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Independent
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Paul <hr/> Contributor address; City; State; Zip Code Sheffield, MA 01257	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Allen
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Paul <hr/> Contributor address; City; State; Zip Code Sheffield, MA 01257	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Independent
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Paul <hr/> Contributor address; City; State; Zip Code Sheffield, MA 01257	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Allen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/320 Rpt: 40/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byron, Nancy 6 Contributor address; City; State; Zip Code TINTON FALLS, NJ 07753	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byron, Nancy Contributor address; City; State; Zip Code TINTON FALLS, NJ 07753	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASTILLO, Carla Contributor address; City; State; Zip Code BERKELEY, CA 94707	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) tutor		Employer (See Instructions) Carla Castillo
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cahan, Michael Contributor address; City; State; Zip Code Chicago, IL 60654	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cahan, Michael Contributor address; City; State; Zip Code Chicago, IL 60654	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/320 Rpt: 41/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calkins, Diane <hr/> 6 Contributor address; City; State; Zip Code Encinitas, CA 92024	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) photographer/writer		9 Employer (See Instructions) self
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Carol <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Mary Baine <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campuzano, Sol-Angel <hr/> Contributor address; City; State; Zip Code Sylmar, CA 91342	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canon, Franz <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/320 Rpt: 42/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canon, Franz	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Charlottesville, VA 22901	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canon, Franz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Charlottesville, VA 22901	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canon, Franz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Charlottesville, VA 22901	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnahan, Peggy	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Helotes, TX 78023	
Principal occupation / Job title (See Instructions) Science Educator		Employer (See Instructions) Our Lady of the Lake Uni
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnahan, Peggy	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Helotes, TX 78023	
Principal occupation / Job title (See Instructions) Science Educator		Employer (See Instructions) Our Lady of the Lake Uni

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/320 Rpt: 43/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, William <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) La Mesa Spring Valley Schools
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, William <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) La Mesa Spring Valley Schools
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, William <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) La Mesa Spring Valley Schools
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, William <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) La Mesa Spring Valley Schools
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, William <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) La Mesa Spring Valley Schools

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/320 Rpt: 44/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, William <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) La Mesa Spring Valley Schools
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Diane <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse Practitioner		Employer (See Instructions) retired
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Diane <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Registered Nurse Practitioner		Employer (See Instructions) retired
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Juanita <hr/> Contributor address; City; State; Zip Code Joliet, IL 60432	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Meredith <hr/> Contributor address; City; State; Zip Code New York, NY 10010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Meredith Carr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/320 Rpt: 45/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carren, Don <hr/> 6 Contributor address; City; State; Zip Code Annapolis, MD 21409	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carren, Don <hr/> Contributor address; City; State; Zip Code Annapolis, MD 21409	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrier, Micki <hr/> Contributor address; City; State; Zip Code Portland, OR 97219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrier, Micki <hr/> Contributor address; City; State; Zip Code Portland, OR 97219	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrigan, Milton <hr/> Contributor address; City; State; Zip Code San Luis Obispo, CA 93401	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/320 Rpt: 46/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Barbara <hr/> 6 Contributor address; City; State; Zip Code Menlo Park, CA 94025	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Barbara <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Mary Ellen <hr/> Contributor address; City; State; Zip Code Flemington, NJ 08822	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) NYC Dept. of Education
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Mary Ellen <hr/> Contributor address; City; State; Zip Code Flemington, NJ 08822	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) NYC Dept. of Education
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Mary Ellen <hr/> Contributor address; City; State; Zip Code Flemington, NJ 08822	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) NYC Dept. of Education

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/320 Rpt: 47/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carty, Mary Ellen <hr/> 6 Contributor address; City; State; Zip Code Flemington, NJ 08822	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) NYC Dept. of Education
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash-Rolland, Jackie <hr/> Contributor address; City; State; Zip Code Coeur d Alene, ID 83814	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash-Rolland, Jackie <hr/> Contributor address; City; State; Zip Code Coeur d Alene, ID 83814	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash-Rolland, Jackie <hr/> Contributor address; City; State; Zip Code Coeur d Alene, ID 83814	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casseday, John <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/320 Rpt: 48/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cater, David <hr/> 6 Contributor address; City; State; Zip Code Colmesneil, TX 75938	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathey, Catherine H <hr/> Contributor address; City; State; Zip Code Houston, TX 77082	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60608	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60608	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Cathleen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Watson Law Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/320 Rpt: 49/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Cathleen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Watson Law Group
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chemel, Lee <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TV director		Employer (See Instructions) Self
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chemel, Lee <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TV director		Employer (See Instructions) Self
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chemel, Lee <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TV director		Employer (See Instructions) Self
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherico, Sondra <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/320 Rpt: 50/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesnut, Joanna <hr/> 6 Contributor address; City; State; Zip Code Tacoma, WA 98446	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chew, Linda <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) State of Texas
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chew, Linda <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) State of Texas
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Mr Daniel A <hr/> Contributor address; City; State; Zip Code Chicago, IL 60637	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Bloomberg LP
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Mr Daniel A <hr/> Contributor address; City; State; Zip Code Chicago, IL 60637	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Bloomberg LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/320 Rpt: 51/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chino, Vera <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) none
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, R Leslie <hr/> Contributor address; City; State; Zip Code Glendale, CA 91208	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, R Leslie <hr/> Contributor address; City; State; Zip Code Glendale, CA 91208	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Lisa <hr/> Contributor address; City; State; Zip Code Denver, CO 80220	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) US Dept of Agriculture
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Lisa <hr/> Contributor address; City; State; Zip Code Denver, CO 80220	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) US Dept of Agriculture

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/320 Rpt: 52/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Lisa <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80220	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) US Dept of Agriculture
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Lisa <hr/> Contributor address; City; State; Zip Code Denver, CO 80220	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) US Dept of Agriculture
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/320 Rpt: 53/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Kirkland, WA 98033		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Kirkland, WA 98033		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon	Amount of Contribution (\$) \$12.00
Contributor address; City; State; Zip Code Kirkland, WA 98033		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Beverly	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Maxine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sacramento, CA 95825		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/320 Rpt: 54/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Judith 6 Contributor address; City; State; Zip Code Dresden, ME 04342	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Judith Contributor address; City; State; Zip Code Dresden, ME 04342	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton, Charles Contributor address; City; State; Zip Code Hadley, MA 01054	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton, Charles Contributor address; City; State; Zip Code Hadley, MA 01054	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Ellen Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/320 Rpt: 55/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Ellen	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Chevy Chase, MD 20815		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Ellen	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Chevy Chase, MD 20815		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Naomi	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Gap Mills, WV 24941		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Steven	Amount of Contribution (\$) \$72.00
Contributor address; City; State; Zip Code Pride's Crossing, MA 01965		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Steven	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Pride's Crossing, MA 01965		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/320 Rpt: 56/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Steven <hr/> 6 Contributor address; City; State; Zip Code Pride's Crossing, MA 01965	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Steven <hr/> Contributor address; City; State; Zip Code Pride's Crossing, MA 01965	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Linda <hr/> Contributor address; City; State; Zip Code Centennial, CO 80112	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) CenturyLink
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Commers, Ann <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Self
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conklin, Cynthia <hr/> Contributor address; City; State; Zip Code Clinton, WA 98236	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/320 Rpt: 57/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Sheila	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Pasadena, TX 77502		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Sheila	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pasadena, TX 77502		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conway, Maureen	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Sun City, AZ 85351		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Shirley	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Monona, WI 53716		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Jane	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Belvedere Tiburon, CA 94920		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/320 Rpt: 58/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Jane <hr/> 6 Contributor address; City; State; Zip Code Belvedere Tiburon, CA 94920	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Seth <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Software Analyst		Employer (See Instructions) Self Employed
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Seth <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Analyst		Employer (See Instructions) Self Employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Seth <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Software Analyst		Employer (See Instructions) Self Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornell, Wendy <hr/> Contributor address; City; State; Zip Code Huntington, NY 11743	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) trader		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/320 Rpt: 59/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cranshaw, Dorothy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crist, Candace <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crites, Susan <hr/> Contributor address; City; State; Zip Code Lamar, CO 81052	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) bookseller		Employer (See Instructions) self
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crites, Susan <hr/> Contributor address; City; State; Zip Code Lamar, CO 81052	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) bookseller		Employer (See Instructions) self
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouse, Lindsay <hr/> Contributor address; City; State; Zip Code GLOUCESTER, MA 01930	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/320 Rpt: 60/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> 6 Contributor address; City; State; Zip Code AURORA, CO 80017	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code AURORA, CO 80017	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/320 Rpt: 61/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Esther <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95833	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Esther <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95833	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Lynda <hr/> Contributor address; City; State; Zip Code Seaside, CA 93955	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Database Adminstration		Employer (See Instructions) Banner Health
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Lynda <hr/> Contributor address; City; State; Zip Code Seaside, CA 93955	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Database Adminstration		Employer (See Instructions) Banner Health
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damen, Jessica <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21230	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/320 Rpt: 62/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damen, Jessica <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21230	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danaher, Joan <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27514	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danaher, Joan <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27514	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danaher, Joan <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27514	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielson, Mark <hr/> Contributor address; City; State; Zip Code PortlandTucson, OR 97212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Part time Asst. Professor		Employer (See Instructions) OHSU Portland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/320 Rpt: 63/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielson, Mark <hr/> 6 Contributor address; City; State; Zip Code PortlandTucson, OR 97212	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Part time Asst. Professor		9 Employer (See Instructions) OHSU Portland
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauerty, Barbaral <hr/> Contributor address; City; State; Zip Code Universal City, TX 78148	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician associate		Employer (See Instructions) Nagel Community Clinic
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauerty, Barbaral <hr/> Contributor address; City; State; Zip Code Universal City, TX 78148	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician associate		Employer (See Instructions) Nagel Community Clinic
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Shari <hr/> Contributor address; City; State; Zip Code Pampa, TX 79065	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Texas Dept. of State Health Services
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Jeff <hr/> Contributor address; City; State; Zip Code Snellville, GA 30078	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/320 Rpt: 64/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Darlys	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Arlington, TX 67013		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Liliane	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Studio City, CA 91604		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Liliane	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Studio City, CA 91604		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Daniel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Medford, OR 97504		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Daniel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Medford, OR 97504		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/320 Rpt: 65/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marisa <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90041	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Lighting Designer		9 Employer (See Instructions) CBS Studios
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marisa <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lighting Designer		Employer (See Instructions) CBS Studios
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeArman, Melinda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78261	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Towers Watson
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSilver, Susan <hr/> Contributor address; City; State; Zip Code Northford, CT 06472	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Di Ferrante, Chris <hr/> Contributor address; City; State; Zip Code houston, TX 77008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/320 Rpt: 66/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Renee <hr/> 6 Contributor address; City; State; Zip Code Hendertson, NV 89044	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobkin, Daniel <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94086	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Alta Devices
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Margaret <hr/> Contributor address; City; State; Zip Code Henrico, VA 23233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Margaret <hr/> Contributor address; City; State; Zip Code Henrico, VA 23233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolan, Margaret <hr/> Contributor address; City; State; Zip Code Henrico, VA 23233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/320 Rpt: 67/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dole, Jim	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code North Hills, CA 91343		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dole, Jim	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code North Hills, CA 91343		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dole, Jim	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code North Hills, CA 91343		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dole, Jim	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code North Hills, CA 91343		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dole, Jim	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code North Hills, CA 91343		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/320 Rpt: 68/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dooley, Paul <hr/> 6 Contributor address; City; State; Zip Code BURBANK, CA 91505	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dooley, Winifred <hr/> Contributor address; City; State; Zip Code burbank, CA 91505	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dooley, Winifred <hr/> Contributor address; City; State; Zip Code burbank, CA 91505	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dotty, Barbara <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55406	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowhie, Leonard <hr/> Contributor address; City; State; Zip Code Evansville, IN 47712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/320 Rpt: 69/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Marlane	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code New Orleans, LA 70118		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Marlane	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New Orleans, LA 70118		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Marlane	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code New Orleans, LA 70118		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Marlane	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code New Orleans, LA 70118		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Marlane	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New Orleans, LA 70118		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/320 Rpt: 70/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Marlane	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code New Orleans, LA 70118		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drake, Marlane	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code New Orleans, LA 70118		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drews, Holly	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Houston, TX 77009		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dubi, Leonard	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Hazel Crest, IL 60429		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Diana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Antonio, TX 78255		
Principal occupation / Job title (See Instructions) yoga teacher		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/320 Rpt: 71/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwyer, James <hr/> 6 Contributor address; City; State; Zip Code Claremont, CA 91711	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwyer, James <hr/> Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwyer, James <hr/> Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eastman, Richard <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckles, Diane <hr/> Contributor address; City; State; Zip Code Pasadena, MD 21122	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/320 Rpt: 72/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckles, Diane <hr/> 6 Contributor address; City; State; Zip Code Pasadena, MD 21122	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edens, Janice <hr/> Contributor address; City; State; Zip Code Jasper, GA 30143	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired Lawyer		Employer (See Instructions) N/A
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/320 Rpt: 73/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisen, Cara <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10024	7 Amount of Contribution (\$) \$18.00
8 Principal occupation / Job title (See Instructions) reading specialist		9 Employer (See Instructions) self
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisen, Cara <hr/> Contributor address; City; State; Zip Code New York, NY 10024	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) reading specialist		Employer (See Instructions) self
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emerson, C Shelley <hr/> Contributor address; City; State; Zip Code Saratoga, CA 95070	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) none
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/320 Rpt: 74/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11210	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) educator		9 Employer (See Instructions) none
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) none
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enzen, Ada <hr/> Contributor address; City; State; Zip Code Fairlawn, OH 44333	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin, Vernie <hr/> Contributor address; City; State; Zip Code Pensacola, FL 32503	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/320 Rpt: 75/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Donna <hr/> 6 Contributor address; City; State; Zip Code BRADENTON, FL 34208	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Donna <hr/> Contributor address; City; State; Zip Code BRADENTON, FL 34208	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Donna <hr/> Contributor address; City; State; Zip Code BRADENTON, FL 34208	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etow, Chris <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carolyn <hr/> Contributor address; City; State; Zip Code Corbin, KY 40701	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/320 Rpt: 76/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Russell	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code San Marcos, CA 92078	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) The select group inc.
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, DONALD	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code LOS ANGELES, CA 90025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, DONALD	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code LOS ANGELES, CA 90025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, DONALD	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code LOS ANGELES, CA 90025	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faber, James	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Fostoria, OH 44830	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/320 Rpt: 77/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faber, James <hr/> 6 Contributor address; City; State; Zip Code Fostoria, OH 44830	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fader, Andrew <hr/> Contributor address; City; State; Zip Code Bronx, NY 10471	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Development Manager III		Employer (See Instructions) Warner Bros. Discovery
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falknor, Michelle D <hr/> Contributor address; City; State; Zip Code chicago, IL 60625	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fallender, Deborah <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feder, Susan <hr/> Contributor address; City; State; Zip Code Irvington, NY 10533	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Officer		Employer (See Instructions) Mellon Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/320 Rpt: 78/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feder, Susan <hr/> 6 Contributor address; City; State; Zip Code Irvington, NY 10533	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Program Officer		9 Employer (See Instructions) Mellon Foundation
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Federoff, Kay <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson Queen, Julie <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Federal government
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson Queen, Julie <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Federal government
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filbert, Suzy <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/320 Rpt: 79/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fillion, Jacob	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Durango, CO 81301		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fimbel, Marianne	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Lambertville, NJ 08530		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fimbel, Marianne	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lambertville, NJ 08530		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finner, Douglas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Alexandria, NH 03222		
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Elbit Systems of America
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finner, Douglas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Alexandria, NH 03222		
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Elbit Systems of America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/320 Rpt: 80/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firkus-Hicks, Julie <hr/> 6 Contributor address; City; State; Zip Code Reno, NV 89506	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Disabled veteran		9 Employer (See Instructions) Not Employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firkus-Hicks, Julie <hr/> Contributor address; City; State; Zip Code Reno, NV 89506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Disabled veteran		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firkus-Hicks, Julie <hr/> Contributor address; City; State; Zip Code Reno, NV 89506	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Disabled veteran		Employer (See Instructions) Not Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firkus-Hicks, Julie <hr/> Contributor address; City; State; Zip Code Reno, NV 89506	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Disabled veteran		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firsching, Ruth <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/320 Rpt: 81/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Ruby Diane <hr/> 6 Contributor address; City; State; Zip Code Lakeway, TX 78734	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Kathleen <hr/> Contributor address; City; State; Zip Code Potsdam, NY 13676	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Kathleen <hr/> Contributor address; City; State; Zip Code Potsdam, NY 13676	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flavan, Mary <hr/> Contributor address; City; State; Zip Code Morro Bay, CA 93442	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flavan, Mary <hr/> Contributor address; City; State; Zip Code Morro Bay, CA 93442	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/320 Rpt: 82/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, David <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45241	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27517	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floe, Robert <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91103	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Myself
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Liberty <hr/> Contributor address; City; State; Zip Code Port St Lucie, FL 34952	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Mediator		Employer (See Instructions) Self
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Liberty <hr/> Contributor address; City; State; Zip Code Port St Lucie, FL 34952	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mediator		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/320 Rpt: 83/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Liberty <hr/> 6 Contributor address; City; State; Zip Code Port St Lucie, FL 34952	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Mediator		9 Employer (See Instructions) Self
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Liberty <hr/> Contributor address; City; State; Zip Code Port St Lucie, FL 34952	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Mediator		Employer (See Instructions) Self
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Liberty <hr/> Contributor address; City; State; Zip Code Port St Lucie, FL 34952	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mediator		Employer (See Instructions) Self
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Liberty <hr/> Contributor address; City; State; Zip Code Port St Lucie, FL 34952	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Mediator		Employer (See Instructions) Self
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Monty <hr/> Contributor address; City; State; Zip Code Huntington, WV 25705	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/320 Rpt: 84/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Monty <hr/> 6 Contributor address; City; State; Zip Code Huntington, WV 25705	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Monty <hr/> Contributor address; City; State; Zip Code Huntington, WV 25705	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Monty <hr/> Contributor address; City; State; Zip Code Huntington, WV 25705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Patricia <hr/> Contributor address; City; State; Zip Code DENVER, CO 80220	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Patricia <hr/> Contributor address; City; State; Zip Code DENVER, CO 80220	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/320 Rpt: 85/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Ann Arbor, MI 48105		
8 Principal occupation / Job title (See Instructions) psychologist		9 Employer (See Instructions) self
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Ann Arbor, MI 48105		
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Ann Arbor, MI 48105		
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Ann Arbor, MI 48105		
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Ann Arbor, MI 48105		
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/320 Rpt: 86/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freed, Martin <hr/> 6 Contributor address; City; State; Zip Code Evanston, IL 60201	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freed, Martin <hr/> Contributor address; City; State; Zip Code Evanston, IL 60201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freise, Carol <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98199	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freise, Carol <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98199	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freise, Carol <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98199	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/320 Rpt: 87/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Patricia <hr/> 6 Contributor address; City; State; Zip Code Atascadero, CA 93422	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Self
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Patricia <hr/> Contributor address; City; State; Zip Code Atascadero, CA 93422	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Self
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fridrich, Pamela <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) admin asst		Employer (See Instructions) self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Dawn <hr/> Contributor address; City; State; Zip Code Howard Beach, NY 11414	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) D. E. Shaw Research
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Dawn <hr/> Contributor address; City; State; Zip Code Howard Beach, NY 11414	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) D. E. Shaw Research

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/320 Rpt: 88/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Leslie	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Mountain View, CA 94041		
8 Principal occupation / Job title (See Instructions) Dancer		9 Employer (See Instructions) Leslie a friedman Dance
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Leslie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mountain View, CA 94041		
Principal occupation / Job title (See Instructions) Dancer		Employer (See Instructions) Leslie Friedman Dance
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Leslie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mountain View, CA 94041		
Principal occupation / Job title (See Instructions) Dancer		Employer (See Instructions) Leslie a friedman Dance
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Leslie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mountain View, CA 94041		
Principal occupation / Job title (See Instructions) Dancer		Employer (See Instructions) Leslie Friedman Dance
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Leslie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mountain View, CA 94041		
Principal occupation / Job title (See Instructions) Dancer		Employer (See Instructions) Leslie Friedman Dance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/320 Rpt: 89/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Leslie	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Mountain View, CA 94041		
8 Principal occupation / Job title (See Instructions) Dancer		9 Employer (See Instructions) Leslie Friedman Dance
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fries, Paula	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Manorville, NY 11949		
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Association for Mental Health and Wellness
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fries, Paula	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Manorville, NY 11949		
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Association for Mental Health and Wellness
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fukushima, Eiichi	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Albuquerque, NM 87119		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) ABQMR
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fukushima, Eiichi	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Albuquerque, NM 87119		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) ABQMR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/320 Rpt: 90/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fukushima, Eiichi <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87119	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) ABQMR
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fukushima, Eiichi <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87119	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) ABQMR
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, Linda <hr/> Contributor address; City; State; Zip Code Erie, CO 80516	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fusco, Carol <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fusco, Carol <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/320 Rpt: 91/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaasch, Mary <hr/> 6 Contributor address; City; State; Zip Code Saint Paul, MN 55113	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) non profit		9 Employer (See Instructions) Hammer
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaasch, Mary <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55113	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) non profit		Employer (See Instructions) Hammer
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galanter-Quinn, Alysia <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) NTTData
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galinsky, David <hr/> Contributor address; City; State; Zip Code Lower Merion, PA 19066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galinsky, David <hr/> Contributor address; City; State; Zip Code Lower Merion, PA 19066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/320 Rpt: 92/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Teresa <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75218	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garland, David <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) studio700
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatwood, Rachel <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Cambium Assessment Inc.
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatz, Karen L <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatz, Karen L <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/320 Rpt: 93/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavin, Sharon <hr/> 6 Contributor address; City; State; Zip Code Sarasota, FL 34233	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) MedExpress
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavin, Sharon <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MedExpress
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelb, Daniel <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelb, Daniel <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gellert, Susan <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/320 Rpt: 94/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Albert R <hr/> 6 Contributor address; City; State; Zip Code Trumansburg, NY 14886	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/320 Rpt: 95/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gershon, Vicki <hr/> 6 Contributor address; City; State; Zip Code Gladwyne, PA 19035	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Counselor		9 Employer (See Instructions) Self
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gershon, Vicki <hr/> Contributor address; City; State; Zip Code Gladwyne, PA 19035	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gessay, Gregory <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gildin, Marsha <hr/> Contributor address; City; State; Zip Code New York, NY 10040	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teaching artist		Employer (See Instructions) Teachers & Writers Collaborative
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gildin, Marsha <hr/> Contributor address; City; State; Zip Code New York, NY 10040	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teaching artist		Employer (See Instructions) Teachers & Writers Collaborative

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/320 Rpt: 96/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giles-Straight, Carol <hr/> 6 Contributor address; City; State; Zip Code Saint Louis, MO 63132	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill-Shaler, Jane <hr/> Contributor address; City; State; Zip Code High Point, NC 27262	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill-Shaler, Jane <hr/> Contributor address; City; State; Zip Code High Point, NC 27262	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Patti <hr/> Contributor address; City; State; Zip Code New Bern, NC 28562	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Patti <hr/> Contributor address; City; State; Zip Code New Bern, NC 28562	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/320 Rpt: 97/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Girard, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Elgin, IL 60124	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Girard, Jeffrey <hr/> Contributor address; City; State; Zip Code Elgin, IL 60124	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Girard, Jeffrey <hr/> Contributor address; City; State; Zip Code Elgin, IL 60124	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Girard, Jeffrey <hr/> Contributor address; City; State; Zip Code Elgin, IL 60124	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glicksteen, Carrie <hr/> Contributor address; City; State; Zip Code Oak Park, CA 91377	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/320 Rpt: 98/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertner, Jo Ann <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20916	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Web Application Developer		9 Employer (See Instructions) CTIA The Wireless Association
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertner, Jo Ann <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20916	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Web Application Developer		Employer (See Instructions) CTIA The Wireless Association
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Lesley <hr/> Contributor address; City; State; Zip Code New York, NY 10009	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Lesley <hr/> Contributor address; City; State; Zip Code New York, NY 10009	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Margaret <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/320 Rpt: 99/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Margaret <hr/> 6 Contributor address; City; State; Zip Code Cambridge, MA 02139	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) Self
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/320 Rpt: 100/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94707	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Cynthia <hr/> Contributor address; City; State; Zip Code Chatsworth, CA 91311	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) TBI Airport Mgmt/BHA Burbank
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Cynthia <hr/> Contributor address; City; State; Zip Code Chatsworth, CA 91311	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) TBI Airport Mgmt/BHA Burbank
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Amy <hr/> Contributor address; City; State; Zip Code Davie, FL 33324	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Human Resources Admin		Employer (See Instructions) JM Family Enterprises
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gollhardt, Kurt <hr/> Contributor address; City; State; Zip Code Union City, CA 94587	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) CerTek Software Designs Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/320 Rpt: 101/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gollhardt, Kurt <hr/> 6 Contributor address; City; State; Zip Code Union City, CA 94587	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) CerTek Software Designs Inc.
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonser, Terry <hr/> Contributor address; City; State; Zip Code Lakewood, WA 98499	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooley, Janelle <hr/> Contributor address; City; State; Zip Code BROOKLYN, NY 11230	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) JPMorgan Chase
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooley, Janelle <hr/> Contributor address; City; State; Zip Code BROOKLYN, NY 11230	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) JPMorgan Chase
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goozner, Karen <hr/> Contributor address; City; State; Zip Code Chicago, IL 60614	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/320 Rpt: 102/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Charlene <hr/> 6 Contributor address; City; State; Zip Code Aldie, VA 20105	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Charlene <hr/> Contributor address; City; State; Zip Code Aldie, VA 20105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Charlene <hr/> Contributor address; City; State; Zip Code Aldie, VA 20105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grabow, Aleen <hr/> Contributor address; City; State; Zip Code Madison, WI 53704	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) U.S. Department of State
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granberg, Janice <hr/> Contributor address; City; State; Zip Code Seattle, IN 98144	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/320 Rpt: 103/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granberg, Janice <hr/> 6 Contributor address; City; State; Zip Code Seattle, IN 98144	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grantham, Robin <hr/> Contributor address; City; State; Zip Code Tampa, FL 33629	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grantham, Robin <hr/> Contributor address; City; State; Zip Code Jacksonville, FL 32225	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grantham, Robin <hr/> Contributor address; City; State; Zip Code Tampa, FL 33629	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grantham, Robin <hr/> Contributor address; City; State; Zip Code Jacksonville, FL 32225	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/320 Rpt: 104/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grau, Peggy <hr/> 6 Contributor address; City; State; Zip Code Irvine, CA 92617	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grau, Peggy <hr/> Contributor address; City; State; Zip Code Irvine, CA 92617	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gravell, Amy <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberger, Michael <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Law		Employer (See Instructions) Univ of Maryland
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberger, Michael <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Law		Employer (See Instructions) Univ of Maryland

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/320 Rpt: 105/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, David <hr/> 6 Contributor address; City; State; Zip Code Orange, NJ 07052	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Gov		9 Employer (See Instructions) NJ
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Gretchen <hr/> Contributor address; City; State; Zip Code Gilroy, CA 95020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Gretchen <hr/> Contributor address; City; State; Zip Code Gilroy, CA 95020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Gretchen <hr/> Contributor address; City; State; Zip Code Gilroy, CA 95020	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Michael <hr/> Contributor address; City; State; Zip Code Dunedin, FL 34698	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/320 Rpt: 106/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Michael	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Dunedin, FL 34698		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossman, David	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Chicago, IL 60602		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossman, David	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Chicago, IL 60602		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grotta, Emily	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Goodyear, AZ 85395		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grywinski, Terrence	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bradenton, FL 34202		
Principal occupation / Job title (See Instructions) Craniosacral Therapist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/320 Rpt: 107/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulin, Jamie <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20024	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Federal		9 Employer (See Instructions) Federal
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulin, Jamie <hr/> Contributor address; City; State; Zip Code Washington, DC 20024	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Federal		Employer (See Instructions) Federal
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulin, Jamie <hr/> Contributor address; City; State; Zip Code Washington, DC 20024	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Federal		Employer (See Instructions) Federal
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guterman, Stuart <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) Self-employed
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthrie, Barrett <hr/> Contributor address; City; State; Zip Code Cave Creek, AZ 85331	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/320 Rpt: 108/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOBBIE, JEANNE <hr/> 6 Contributor address; City; State; Zip Code Acton, MA 01720	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) music teacher		9 Employer (See Instructions) self
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOBBIE, JEANNE <hr/> Contributor address; City; State; Zip Code Acton, MA 01720	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) music teacher		Employer (See Instructions) self
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOBBIE, JEANNE <hr/> Contributor address; City; State; Zip Code Acton, MA 01720	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) music teacher		Employer (See Instructions) self
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOBBIE, JEANNE <hr/> Contributor address; City; State; Zip Code Acton, MA 01720	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) music teacher		Employer (See Instructions) self
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halasz, Franklin <hr/> Contributor address; City; State; Zip Code ALBUQUERQUE, NM 87109	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/320 Rpt: 109/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halasz, Franklin <hr/> 6 Contributor address; City; State; Zip Code ALBUQUERQUE, NM 87109	7 Amount of Contribution (\$) \$22.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halko, Gabrielle <hr/> Contributor address; City; State; Zip Code WEST CHESTER, PA 19380	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) West Chester University
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halko, Gabrielle <hr/> Contributor address; City; State; Zip Code WEST CHESTER, PA 19380	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) West Chester University
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallowell-, Susan <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85704	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallowell-, Susan <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85704	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/320 Rpt: 110/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Laura <hr/> 6 Contributor address; City; State; Zip Code Huntsville, AL 35801	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Aysha <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94592	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) PR		Employer (See Instructions) Upright Position Communications
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Aysha <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94592	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) PR		Employer (See Instructions) Upright Position Communications
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Aysha <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94592	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) PR		Employer (See Instructions) Upright Position Communications
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) National Instruments

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/320 Rpt: 111/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) National Instruments
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$62.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$62.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/320 Rpt: 112/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> 6 Contributor address; City; State; Zip Code Candler, NC 28715	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Hospital
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$62.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrigan, Sue Ellen <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Miriam <hr/> Contributor address; City; State; Zip Code Arlington, VA 22203	Amount of Contribution (\$) \$54.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/320 Rpt: 113/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Miriam <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22203	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Scott <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Claudia <hr/> Contributor address; City; State; Zip Code Roslindale, MA 02131	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Claudia <hr/> Contributor address; City; State; Zip Code Roslindale, MA 02131	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/320 Rpt: 114/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy	7 Amount of Contribution (\$) \$62.50
6 Contributor address; City; State; Zip Code Los Altos, CA 94022		
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastings, Adrienne	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Encino, CA 91436		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawk, Marcia	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code St Petersburg, FL 33715		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Heather	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mill Valley, CA 94941		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Heather	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mill Valley, CA 94941		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/320 Rpt: 115/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RN LMSW		9 Employer (See Instructions) Faith Presbyterian Hospice
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RN LMSW		Employer (See Instructions) Faith Presbyterian Hospice
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hedlin, Carol <hr/> Contributor address; City; State; Zip Code LaConner, WA 98257	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Harold <hr/> Contributor address; City; State; Zip Code La Porte, IN 46350	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Hillary <hr/> Contributor address; City; State; Zip Code Decatur, GA 30030	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of Product Strategy		Employer (See Instructions) Clearleap

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/320 Rpt: 116/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Hillary <hr/> 6 Contributor address; City; State; Zip Code Decatur, GA 30030	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Director of Product Strategy		9 Employer (See Instructions) Clearleap
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Hillary <hr/> Contributor address; City; State; Zip Code Decatur, GA 30030	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Director of Product Strategy		Employer (See Instructions) Clearleap
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Sharon <hr/> Contributor address; City; State; Zip Code Avondale, AZ 85392	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Owner/Officer		Employer (See Instructions) Hendrickson Construction Inc
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hepburn, Carol <hr/> Contributor address; City; State; Zip Code Seattle, WA 98127	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrmann, Gretchen <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/320 Rpt: 117/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hershberger, David <hr/> 6 Contributor address; City; State; Zip Code Menlo Park, CA 94025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Computer programmer		9 Employer (See Instructions) Boston dynamics
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hershberger, David <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computer programmer		Employer (See Instructions) Boston dynamics
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hershberger, David <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computer programmer		Employer (See Instructions) Boston dynamics
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hertzmark, Ellen <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) statistician		Employer (See Instructions) harvard university
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hertzmark, Ellen <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) statistician		Employer (See Instructions) harvard university

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/320 Rpt: 118/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Joan	7 Amount of Contribution (\$) \$20.24
6 Contributor address; City; State; Zip Code Cambridge, MA 02138		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himel, William	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Skokie, IL 60077		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Susan	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Laguna Niguel, CA 92677		
Principal occupation / Job title (See Instructions) Credit counselor		Employer (See Instructions) True Build
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Cheryl	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Honolulu, HI 96817		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Cheryl	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Honolulu, HI 96817		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/320 Rpt: 119/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Honolulu, HI 96817	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Cheryl <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96817	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbie, Jeanne <hr/> Contributor address; City; State; Zip Code Acton, MA 01720	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbie, Jeanne <hr/> Contributor address; City; State; Zip Code Acton, MA 01720	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Madelyn <hr/> Contributor address; City; State; Zip Code Tomales, CA 94971	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/320 Rpt: 120/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Madelyn <hr/> 6 Contributor address; City; State; Zip Code Tomales, CA 94971	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Madelyn <hr/> Contributor address; City; State; Zip Code Tomales, CA 94971	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoff, Janice <hr/> Contributor address; City; State; Zip Code Glastonbury, CT 06033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoff, Janice <hr/> Contributor address; City; State; Zip Code Glastonbury, CT 06033	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hofmann, Michelle <hr/> Contributor address; City; State; Zip Code Portland, OR 97203	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/320 Rpt: 121/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Sherry <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60613	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Dawn <hr/> Contributor address; City; State; Zip Code Venice, CA 90291	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Dawn <hr/> Contributor address; City; State; Zip Code Venice, CA 90291	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollins, Freddie <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95831	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollins, Freddie <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95831	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/320 Rpt: 122/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloway, Rendon <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95136	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Fairchild Semiconductor
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Jill <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22902	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Jill <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsenbeck, Stephen <hr/> Contributor address; City; State; Zip Code Waltham, MA 02453	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtshouser, Sherrell <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99515	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/320 Rpt: 123/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Helen <hr/> 6 Contributor address; City; State; Zip Code Rumsey, CA 95679	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Helen <hr/> Contributor address; City; State; Zip Code Rumsey, CA 95679	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horgan, Warren <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horwitz, Chris <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15217	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) ceo		Employer (See Instructions) electrogrip
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horwitz, Chris <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15217	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) ceo		Employer (See Instructions) electrogrip

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/320 Rpt: 124/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howe, William <hr/> 6 Contributor address; City; State; Zip Code HEMLOCK, NY 14466	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howey, Dale <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55113	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howey, Dale <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55113	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howey, Dale <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55113	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Victoria <hr/> Contributor address; City; State; Zip Code Tarrytown, NY 10591	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/320 Rpt: 125/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Susan <hr/> 6 Contributor address; City; State; Zip Code Alma, MI 48801	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) writer		9 Employer (See Instructions) self-employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hursh, Lydia H <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hursh, Lydia H <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illig, Carl <hr/> Contributor address; City; State; Zip Code Phoenixville, PA 19460	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imperatore, Catherine <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ACTE

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/320 Rpt: 126/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imperatore, Catherine <hr/> 6 Contributor address; City; State; Zip Code Reston, VA 20191	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) ACTE
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imperatore, Catherine <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ACTE
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irvine, Michael <hr/> Contributor address; City; State; Zip Code Bexley, OH 43209	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) software engineer		Employer (See Instructions) self
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irvine, Michael <hr/> Contributor address; City; State; Zip Code Bexley, OH 43209	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) software engineer		Employer (See Instructions) self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivey, Dana <hr/> Contributor address; City; State; Zip Code New York, NY 10024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/320 Rpt: 127/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Margaret 6 Contributor address; City; State; Zip Code Newark, NJ 07103	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Art Teacher		9 Employer (See Instructions) East Newark School
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna Contributor address; City; State; Zip Code Clovis, CA 93611	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna Contributor address; City; State; Zip Code Clovis, CA 93611	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna Contributor address; City; State; Zip Code Clovis, CA 93611	Amount of Contribution (\$) \$7.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna Contributor address; City; State; Zip Code Clovis, CA 93611	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/320 Rpt: 128/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Clovis, CA 93611		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clovis, CA 93611		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$7.50
Contributor address; City; State; Zip Code Clovis, CA 93611		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clovis, CA 93611		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Clovis, CA 93611		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/320 Rpt: 129/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Verna <hr/> 6 Contributor address; City; State; Zip Code Clovis, CA 93611	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Kathryn <hr/> Contributor address; City; State; Zip Code Chelan, WA 98816	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Kathryn <hr/> Contributor address; City; State; Zip Code Chelan, WA 98816	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, David <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) University of California
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, David <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) University of California

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/320 Rpt: 130/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaster, Marguerite <hr/> 6 Contributor address; City; State; Zip Code Carlsbad, CA 92009	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe, Edward <hr/> Contributor address; City; State; Zip Code Bakersfield, CA 93306	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe, Edward <hr/> Contributor address; City; State; Zip Code Bakersfield, CA 93306	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johannesen, Allan <hr/> Contributor address; City; State; Zip Code Rochdale, MA 01542	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Sharon <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95818	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/320 Rpt: 131/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Carol <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53719	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Carol <hr/> Contributor address; City; State; Zip Code Madison, WI 53719	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Phila, PA 19131	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Woodbury Pediatrics
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Ben <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Austin Community College
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Brenda <hr/> Contributor address; City; State; Zip Code Mesquite, NV 89027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician part time		Employer (See Instructions) Richens Eye Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/320 Rpt: 132/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Camille 6 Contributor address; City; State; Zip Code Hamilton, OH 45015	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Paralegal		9 Employer (See Instructions) Butler County CSEA
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Mina Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Old Stone House
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Mina Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Old Stone House
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott Contributor address; City; State; Zip Code Angel Fire, NM 87710	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) self
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott Contributor address; City; State; Zip Code Angel Fire, NM 87710	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/320 Rpt: 133/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARPLUS, MARTIN <hr/> 6 Contributor address; City; State; Zip Code CAMBRIDGE, MA 02138	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Professor Emeritus		9 Employer (See Instructions) Harvard University
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIMMEL, JOSEPH <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNOX, MELBURN <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) satan
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNOX, MELBURN <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) satan
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/320 Rpt: 134/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94612	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/320 Rpt: 135/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Allan <hr/> 6 Contributor address; City; State; Zip Code Teaneck, NJ 07666	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Actuary		9 Employer (See Instructions) FTI Consulting
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Allan <hr/> Contributor address; City; State; Zip Code Teaneck, NJ 07666	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Actuary		Employer (See Instructions) FTI Consulting
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Donald <hr/> Contributor address; City; State; Zip Code Spokane, WA 99212	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Non profit administration		Employer (See Instructions) Retired
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Donald <hr/> Contributor address; City; State; Zip Code Spokane, WA 99212	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Non profit administration		Employer (See Instructions) Retired
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay, Susan <hr/> Contributor address; City; State; Zip Code Beverly Hills, CA 90210	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/320 Rpt: 136/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay, Susan <hr/> 6 Contributor address; City; State; Zip Code Beverly Hills, CA 90210	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keenan, Elizabeth <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22042	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keesling, Mary <hr/> Contributor address; City; State; Zip Code Lutz, FL 33559	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keiger, Darr <hr/> Contributor address; City; State; Zip Code Miami, FL 33131	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) American Airlines
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keiger, Darr <hr/> Contributor address; City; State; Zip Code Miami, FL 33131	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) American Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/320 Rpt: 137/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keipert, Lisa <hr/> 6 Contributor address; City; State; Zip Code Wilmette, IL 60091	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Stay at Home Mom		9 Employer (See Instructions) N/A
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keough, Megan <hr/> Contributor address; City; State; Zip Code Rye, NY 10580	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Interior Decorator		Employer (See Instructions) Self
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerman, Betty <hr/> Contributor address; City; State; Zip Code St. louis, MO 63108	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerridge, Kathy <hr/> Contributor address; City; State; Zip Code Benicia, CA 94510	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerridge, Kathy <hr/> Contributor address; City; State; Zip Code Benicia, CA 94510	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/320 Rpt: 138/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kett, Karen	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Miami, FL 33156		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kett, Karen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Miami, FL 33156		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Sajjad	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Conyers, GA 30013		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Hollphoenix
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khare, Indrajit	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code MOUNTAIN VIEW, CA 94040		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam, Adrian	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code West Lake Hills, TX 78746		
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/320 Rpt: 139/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam, Adrian <hr/> 6 Contributor address; City; State; Zip Code West Lake Hills, TX 78746	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Real estate		9 Employer (See Instructions) Self
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killelea, Kathy <hr/> Contributor address; City; State; Zip Code Elma, NY 14059	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killelea, Kathy <hr/> Contributor address; City; State; Zip Code Elma, NY 14059	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, William <hr/> Contributor address; City; State; Zip Code Needham, MA 02492	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, William <hr/> Contributor address; City; State; Zip Code Needham, MA 02492	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/320 Rpt: 140/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Yvonne <hr/> 6 Contributor address; City; State; Zip Code Orange Park, FL 32067	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Yvonne King
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitrosser, Brenda <hr/> Contributor address; City; State; Zip Code Oceanside, CA 92056	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitrosser, Brenda <hr/> Contributor address; City; State; Zip Code Oceanside, CA 92056	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Heatherjoy <hr/> Contributor address; City; State; Zip Code plantation, FL 33317	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Heatherjoy <hr/> Contributor address; City; State; Zip Code plantation, FL 33317	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/320 Rpt: 141/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Heatherjoy <hr/> 6 Contributor address; City; State; Zip Code plantation, FL 33317	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Heatherjoy <hr/> Contributor address; City; State; Zip Code plantation, FL 33317	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klemann, Marie <hr/> Contributor address; City; State; Zip Code Naples, FL 34108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knauth, Ann O. <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohrman, S L <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44114	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Kohrman Jackson Krantz

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/320 Rpt: 142/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kornblith, cathy <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94110	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovich, Sarah <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) NA
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovich, Sarah <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rideshare2vote
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovich, Sarah <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rideshare2vote
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kowal, FrankF <hr/> Contributor address; City; State; Zip Code Elkhorn, NE 68022	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/320 Rpt: 143/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kral, Brian <hr/> 6 Contributor address; City; State; Zip Code Green Bay, WI 54303	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) security officer		9 Employer (See Instructions) First Church of Christ Scientists
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kral, Brian <hr/> Contributor address; City; State; Zip Code Green Bay, WI 54303	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) security officer		Employer (See Instructions) First Church of Christ Scientists
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krause, Libby <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krause, Libby <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreithen, Sylvia <hr/> Contributor address; City; State; Zip Code Gladwyne, PA 19035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/320 Rpt: 144/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Okatie, SC 29909		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Villanova, PA 19085		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Okatie, SC 29909		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Okatie, SC 29909		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Okatie, SC 29909		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/320 Rpt: 145/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Okatie, SC 29909		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Okatie, SC 29909		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Okatie, SC 29909		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Okatie, SC 29909		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kujawski, Edouard	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Beekeley, CA 94708		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/320 Rpt: 146/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kutzko, Deborah	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Burlington, VT 05401		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kutzko, Deborah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Burlington, VT 05401		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kutzko, Deborah	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Burlington, VT 05401		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyse, Barbara C	Amount of Contribution (\$) \$450.00
Contributor address; City; State; Zip Code San Antonio, TX 78209		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaDuke, Jeanne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Chicago, IL 60613		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/320 Rpt: 147/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaFleur, Tracy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75219	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Bank of America
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPaglia, Nancy <hr/> Contributor address; City; State; Zip Code Portland, OR 97215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) PT faculty		Employer (See Instructions) Portland Comm. College
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPaglia, Nancy <hr/> Contributor address; City; State; Zip Code Portland, OR 97215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) PT faculty		Employer (See Instructions) Portland Comm. College
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPaglia, Nancy <hr/> Contributor address; City; State; Zip Code Portland, OR 97215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) PT faculty		Employer (See Instructions) Portland Comm. College
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPaglia, Nancy <hr/> Contributor address; City; State; Zip Code Portland, OR 97215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) PT faculty		Employer (See Instructions) Portland Comm. College

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/320 Rpt: 148/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPaglia, Nancy <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97215	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) PT faculty		9 Employer (See Instructions) Portland Comm. College
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPaglia, Nancy <hr/> Contributor address; City; State; Zip Code Portland, OR 97215	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) PT faculty		Employer (See Instructions) Portland Comm. College
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPaglia, Nancy <hr/> Contributor address; City; State; Zip Code Portland, OR 97215	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) PT faculty		Employer (See Instructions) Portland Comm. College
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPaglia, Nancy <hr/> Contributor address; City; State; Zip Code Portland, OR 97215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) PT faculty		Employer (See Instructions) Portland Comm. College
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPaglia, Nancy <hr/> Contributor address; City; State; Zip Code Portland, OR 97215	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) PT faculty		Employer (See Instructions) Portland Comm. College

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/320 Rpt: 149/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagerblad, Robert <hr/> 6 Contributor address; City; State; Zip Code Corinth, TX 76210	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) Merlin Automation Inc.
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagerblad, Robert <hr/> Contributor address; City; State; Zip Code Corinth, TX 76210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Merlin Automation Inc.
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagerblad, Robert <hr/> Contributor address; City; State; Zip Code Corinth, TX 76210	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Merlin Automation Inc.
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Barbara <hr/> Contributor address; City; State; Zip Code Langley, WA 98260	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Barbara <hr/> Contributor address; City; State; Zip Code Langley, WA 98260	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/320 Rpt: 150/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Barbara <hr/> 6 Contributor address; City; State; Zip Code Langley, WA 98260	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Barbara <hr/> Contributor address; City; State; Zip Code Langley, WA 98260	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Barbara <hr/> Contributor address; City; State; Zip Code Langley, WA 98260	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Barbara <hr/> Contributor address; City; State; Zip Code Langley, WA 98260	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langari, Reza <hr/> Contributor address; City; State; Zip Code College Station, TX 77841	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/320 Rpt: 151/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langari, Reza <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77841	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) TAMU
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langari, Reza <hr/> Contributor address; City; State; Zip Code College Station, TX 77841	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langman, Claudia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60647	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langman, Claudia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60647	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langman, Claudia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60647	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/320 Rpt: 152/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Robyn <hr/> 6 Contributor address; City; State; Zip Code Paoli, PA 19301	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Project manager		9 Employer (See Instructions) Central Caribbean Marine Institute
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Robyn <hr/> Contributor address; City; State; Zip Code Paoli, PA 19301	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions) Central Caribbean Marine Institute
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larner, Jacqueline <hr/> Contributor address; City; State; Zip Code Denver, CO 80220	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) LCSW		Employer (See Instructions) Self
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larner, Jacqueline <hr/> Contributor address; City; State; Zip Code Denver, CO 80220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LCSW		Employer (See Instructions) Self
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Judith <hr/> Contributor address; City; State; Zip Code New Canaan, CT 06840	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) designer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/320 Rpt: 153/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Judith <hr/> 6 Contributor address; City; State; Zip Code New Canaan, CT 06840	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) designer		9 Employer (See Instructions) self
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lassberg, Sarah <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) Capital One Auto Finance
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lassberg, Sarah <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) Capital One Auto Finance
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lau, Denise <hr/> Contributor address; City; State; Zip Code Pleasanton, CA 94566	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, David <hr/> Contributor address; City; State; Zip Code Seattle, WA 98101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) software developer		Employer (See Instructions) CRAB

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/320 Rpt: 154/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawell, Julie <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98136	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawell, Julie <hr/> Contributor address; City; State; Zip Code Seattle, WA 98136	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazarus, Martha <hr/> Contributor address; City; State; Zip Code Gloucester, MA 01930	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leake, David <hr/> Contributor address; City; State; Zip Code Kaneohe, HI 96744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UH Center on Disability Studies
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leake, David <hr/> Contributor address; City; State; Zip Code Kaneohe, HI 96744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UH Center on Disability Studies

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/320 Rpt: 155/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Anna <hr/> 6 Contributor address; City; State; Zip Code Tallahassee, FL 32301	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Anna <hr/> Contributor address; City; State; Zip Code Tallahassee, FL 32301	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Anna <hr/> Contributor address; City; State; Zip Code Tallahassee, FL 32301	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, John <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33312	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leef, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/320 Rpt: 156/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leef, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lefevre, Ruth <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leibowitz, Lynn <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) self
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicher, Dorothea <hr/> Contributor address; City; State; Zip Code Columbia Cross Roads, PA 16914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicher, Dorothea <hr/> Contributor address; City; State; Zip Code Columbia Cross Roads, PA 16914	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/320 Rpt: 157/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicher, Dorothea <hr/> 6 Contributor address; City; State; Zip Code Columbia Cross Roads, PA 16914	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicher, Dorothea <hr/> Contributor address; City; State; Zip Code Columbia Cross Roads, PA 16914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicher, Dorothea <hr/> Contributor address; City; State; Zip Code Columbia Cross Roads, PA 16914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicher, Dorothea <hr/> Contributor address; City; State; Zip Code Columbia Cross Roads, PA 16914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicher, Dorothea <hr/> Contributor address; City; State; Zip Code Columbia Cross Roads, PA 16914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/320 Rpt: 158/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicher, Dorothea <hr/> 6 Contributor address; City; State; Zip Code Columbia Cross Roads, PA 16914	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemos filho, Luciano <hr/> Contributor address; City; State; Zip Code Englewood, CO 80113	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) NJ health
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemos filho, Luciano <hr/> Contributor address; City; State; Zip Code Englewood, CO 80113	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) NJ health
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerner, Corrine <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Verizon
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesser, Margo <hr/> Contributor address; City; State; Zip Code Bloomfield Hills, MI 48304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/320 Rpt: 159/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesser, Margo <hr/> 6 Contributor address; City; State; Zip Code Bloomfield Hills, MI 48304	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levin, Robert <hr/> Contributor address; City; State; Zip Code Charleston, SC 29401	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) retired
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Karen <hr/> Contributor address; City; State; Zip Code St louis, MO 63106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lew, Richard <hr/> Contributor address; City; State; Zip Code Oakland, CA 94608	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) CompassPoint
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lew, Richard <hr/> Contributor address; City; State; Zip Code Oakland, CA 94608	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) CompassPoint

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/320 Rpt: 160/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lew, Richard <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94608	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) manager		9 Employer (See Instructions) CompassPoint
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Judith <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 91606	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Judith <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 91606	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Madelon <hr/> Contributor address; City; State; Zip Code Portland, OR 97202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) none
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Madelon <hr/> Contributor address; City; State; Zip Code Portland, OR 97202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) none

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/320 Rpt: 161/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lexton, Lauren <hr/> 6 Contributor address; City; State; Zip Code Encino, CA 91436	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindner, Judith <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) data entry clerk		Employer (See Instructions) Freestore Foodbank
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindner, Judith <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) data entry clerk		Employer (See Instructions) Freestore Foodbank
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindner, Judith <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) data entry clerk		Employer (See Instructions) Freestore Foodbank
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linn, Barbara <hr/> Contributor address; City; State; Zip Code New York, NY 10463	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/320 Rpt: 162/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linn, Barbara <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10463	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisowski, Robert <hr/> Contributor address; City; State; Zip Code Edison, NJ 08820	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisowski, Robert <hr/> Contributor address; City; State; Zip Code Edison, NJ 08820	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, William <hr/> Contributor address; City; State; Zip Code Chicago, IL 60660	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Heidi <hr/> Contributor address; City; State; Zip Code PACIFIC PLSDS, CA 90272	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/320 Rpt: 163/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Elaine <hr/> 6 Contributor address; City; State; Zip Code Pisgah Forest, NC 28768	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Elaine <hr/> Contributor address; City; State; Zip Code Pisgah Forest, NC 28768	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Elaine <hr/> Contributor address; City; State; Zip Code Pisgah Forest, NC 28768	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Virginia <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70119	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Virginia <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70119	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/320 Rpt: 164/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Virginia <hr/> 6 Contributor address; City; State; Zip Code New Orleans, LA 70119	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Virginia <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70119	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowrey, Barbara <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22312	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luksenburg, Lillian <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Univ. of Maryland
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luksenburg, Lillian <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Univ. of Maryland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/320 Rpt: 165/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luksenburg, Lillian <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20902	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Univ. of Maryland
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lustig, Jodi <hr/> Contributor address; City; State; Zip Code New York, NY 10024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lustig, Jodi <hr/> Contributor address; City; State; Zip Code New York, NY 10024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lustig, Jodi <hr/> Contributor address; City; State; Zip Code New York, NY 10024	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luvaas, Tanha <hr/> Contributor address; City; State; Zip Code Chico, CA 95928	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) psychotherapist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/320 Rpt: 166/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lydell, Terrence <hr/> 6 Contributor address; City; State; Zip Code Andover, MN 55304	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not employed - retired		9 Employer (See Instructions) none
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Kathleen <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Kathleen <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, Steven <hr/> Contributor address; City; State; Zip Code Urbandale, IA 50322	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, Steven <hr/> Contributor address; City; State; Zip Code Urbandale, IA 50322	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/320 Rpt: 167/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, Steven <hr/> 6 Contributor address; City; State; Zip Code Urbandale, IA 50322	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARLOW, LAURIN <hr/> Contributor address; City; State; Zip Code Livingston, TX 77399	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARLOW, LAURIN <hr/> Contributor address; City; State; Zip Code Livingston, TX 77399	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARLOW, LAURIN <hr/> Contributor address; City; State; Zip Code Livingston, TX 77399	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, GEORGIA <hr/> Contributor address; City; State; Zip Code BRATTLEBORO, VT 05301	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/320 Rpt: 168/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, GEORGIA <hr/> 6 Contributor address; City; State; Zip Code BRATTLEBORO, VT 05301	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maeda, Judith <hr/> Contributor address; City; State; Zip Code Williams, AZ 86046	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maeda, Judith <hr/> Contributor address; City; State; Zip Code Williams, AZ 86046	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maio, Heather <hr/> Contributor address; City; State; Zip Code Pueblo, CO 81008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm, G Abrams <hr/> Contributor address; City; State; Zip Code Tarzana, CA 91356	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Property management		Employer (See Instructions) MAbrams LLC

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/320 Rpt: 169/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10033	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/320 Rpt: 170/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10033	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Douglas <hr/> Contributor address; City; State; Zip Code Levittown, NY 11756	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Douglas <hr/> Contributor address; City; State; Zip Code Levittown, NY 11756	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jeffrey <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) spiritual teacher		Employer (See Instructions) self
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jeffrey <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) spiritual teacher		Employer (See Instructions) self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/320 Rpt: 171/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Ben Lomond, CA 95005	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) spiritual teacher		9 Employer (See Instructions) self
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jeffrey <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) spiritual teacher		Employer (See Instructions) self
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malven, Tania J. <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85719	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margolis, Robert <hr/> Contributor address; City; State; Zip Code New Albany, OH 43054	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marinelli, Peter <hr/> Contributor address; City; State; Zip Code Bennington, VT 05201	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/320 Rpt: 172/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markley, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Health Care		9 Employer (See Instructions) TMF
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markley, Jennifer <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Health Care		Employer (See Instructions) TMF
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlow, William <hr/> Contributor address; City; State; Zip Code College Station, TX 77840	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlowe, Thomas <hr/> Contributor address; City; State; Zip Code Rahway, NJ 07065	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor Emeritus		Employer (See Instructions) Seton Hall University
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marschner, Richard <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85716	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/320 Rpt: 173/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Randi <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77021	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Rice University
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Randi <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rice University
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Randi <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rice University
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martz, Eric <hr/> Contributor address; City; State; Zip Code Amherst, MA 01002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martz, Eric <hr/> Contributor address; City; State; Zip Code Amherst, MA 01002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 171/320 Rpt: 174/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martz, Eric <hr/> 6 Contributor address; City; State; Zip Code Farmington, CT 06032	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maruca, Sam <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Covington & Burling LLP
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maruca, Sam <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Covington & Burling LLP
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maschal, Alberta <hr/> Contributor address; City; State; Zip Code Colonial Beach, VA 22443	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Majestic Builders Corp.
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Gwyneth <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 172/320 Rpt: 175/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Gwyneth <hr/> 6 Contributor address; City; State; Zip Code Oklahoma City, OK 73132	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Sally D. <hr/> Contributor address; City; State; Zip Code Williamsburg, VA 23188	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Sally D. <hr/> Contributor address; City; State; Zip Code Williamsburg, VA 23188	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattern, Hugh <hr/> Contributor address; City; State; Zip Code Lincoln, NE 68510	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Maintenance tech		Employer (See Instructions) Molex llc
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Mark K <hr/> Contributor address; City; State; Zip Code Mead, CO 80542	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 173/320 Rpt: 176/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Allison <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22201	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Davis Wright Tremaine LLP
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Allison <hr/> Contributor address; City; State; Zip Code Arlington, VA 22201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Davis Wright Tremaine LLP
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Allison <hr/> Contributor address; City; State; Zip Code Arlington, VA 22201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Davis Wright Tremaine LLP
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Norman <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Norman <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 174/320 Rpt: 177/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayberry Jensen, Debby <hr/> 6 Contributor address; City; State; Zip Code Kirkland, WA 98033	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mazon, Janet <hr/> Contributor address; City; State; Zip Code Alhambra, CA 91801	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mc Pherson, James <hr/> Contributor address; City; State; Zip Code Santa Clara, CA 95051	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mc Pherson, James <hr/> Contributor address; City; State; Zip Code Santa Clara, CA 95051	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mc Pherson, James <hr/> Contributor address; City; State; Zip Code Santa Clara, CA 95051	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 175/320 Rpt: 178/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllister, Brian <hr/> 6 Contributor address; City; State; Zip Code Melrose, MA 02176	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) software engineer		9 Employer (See Instructions) MIT
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAllister, Ruth <hr/> Contributor address; City; State; Zip Code Greer, SC 29650	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Mary <hr/> Contributor address; City; State; Zip Code Brattleboro, VT 05301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Wellness Works
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCloskey, Helen <hr/> Contributor address; City; State; Zip Code Rumsey, CA 95679	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCloskey, Helen <hr/> Contributor address; City; State; Zip Code Rumsey, CA 95679	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 176/320 Rpt: 179/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCord, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Bayfield, CO 81122	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 177/320 Rpt: 180/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20008	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, William <hr/> Contributor address; City; State; Zip Code Glendale, CA 91205	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) certified shorthand reporter		Employer (See Instructions) self-employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, William <hr/> Contributor address; City; State; Zip Code Glendale, CA 91205	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) certified shorthand reporter		Employer (See Instructions) self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 178/320 Rpt: 181/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McJannet, Linda <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan <hr/> Contributor address; City; State; Zip Code Willow, NY 12495	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Alan McKnight

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 179/320 Rpt: 182/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Willow, NY 12495		
8 Principal occupation / Job title (See Instructions) artist		9 Employer (See Instructions) Alan McKnight
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Willow, NY 12495		
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Alan McKnight
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Willow, NY 12495		
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Alan McKnight
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Willow, NY 12495		
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Alan McKnight
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Willow, NY 12495		
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Alan McKnight

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 180/320 Rpt: 183/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan <hr/> 6 Contributor address; City; State; Zip Code Willow, NY 12495	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) artist		9 Employer (See Instructions) Alan McKnight
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan <hr/> Contributor address; City; State; Zip Code Willow, NY 12495	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Alan McKnight
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan <hr/> Contributor address; City; State; Zip Code Willow, NY 12495	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Alan McKnight
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan <hr/> Contributor address; City; State; Zip Code Willow, NY 12495	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Alan McKnight
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLain, Lisa <hr/> Contributor address; City; State; Zip Code Lake Forest, CA 92630	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) self - dba McLain ID Consulting

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 181/320 Rpt: 184/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLain, Lisa <hr/> 6 Contributor address; City; State; Zip Code Lake Forest, CA 92630	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) self - dba McLain ID Consulting
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Dolores <hr/> Contributor address; City; State; Zip Code San Diego, CA 92115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Dolores <hr/> Contributor address; City; State; Zip Code San Diego, CA 92115	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Dolores <hr/> Contributor address; City; State; Zip Code San Diego, CA 92115	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Dolores <hr/> Contributor address; City; State; Zip Code San Diego, CA 92115	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 182/320 Rpt: 185/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Dolores <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92115	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Hazel <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Hazel <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Hazel <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhail, Heather A <hr/> Contributor address; City; State; Zip Code Arlington, VA 22204	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Dance Instructor		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 183/320 Rpt: 186/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhail, Heather A <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22204	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Dance Instructor		9 Employer (See Instructions) Self
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mccue, Rob <hr/> Contributor address; City; State; Zip Code Columbia, SC 29201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Massage therapist		Employer (See Instructions) Self
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mclean, Mary <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mclean, Mary <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meara, Patricia <hr/> Contributor address; City; State; Zip Code HEATH, TX 75032	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Principal Consultant		Employer (See Instructions) Network + Security Technologies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 184/320 Rpt: 187/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meibach, Ina <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10023	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meibach, Ina <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menefee, Bruce <hr/> Contributor address; City; State; Zip Code BURBANK, CA 91505	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menefee, Bruce <hr/> Contributor address; City; State; Zip Code BURBANK, CA 91505	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mennel-Bell, Mari <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) educational consultant		Employer (See Instructions) self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 185/320 Rpt: 188/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Vicki <hr/> 6 Contributor address; City; State; Zip Code Bothell, WA 98012	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Vicki <hr/> Contributor address; City; State; Zip Code Bothell, WA 98012	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Vicki <hr/> Contributor address; City; State; Zip Code Bothell, WA 98012	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Marjorie <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Marjorie <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 186/320 Rpt: 189/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Marjorie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Vaughan <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezoff, Kathleen M <hr/> Contributor address; City; State; Zip Code Gallup, NM 87301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezoff, Kathleen M <hr/> Contributor address; City; State; Zip Code Gallup, NM 87301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezoff, Kathleen M <hr/> Contributor address; City; State; Zip Code Gallup, NM 87301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 187/320 Rpt: 190/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezoff, Kathleen M <hr/> 6 Contributor address; City; State; Zip Code Gallup, NM 87301	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezoff, Kathleen M <hr/> Contributor address; City; State; Zip Code Gallup, NM 87301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezoff, Kathleen M <hr/> Contributor address; City; State; Zip Code Gallup, NM 87301	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Alan <hr/> Contributor address; City; State; Zip Code Rockville, MD 20852	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Alan Miller
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Ariel <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45213	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 188/320 Rpt: 191/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Ariel <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45213	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Barbara <hr/> Contributor address; City; State; Zip Code Union City, CA 94587	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Barbara <hr/> Contributor address; City; State; Zip Code Union City, CA 94587	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Cara <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90048	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Cara <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90048	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 189/320 Rpt: 192/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Don	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Sherwood, OR 98140		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Driftwood, TX 78619		
Principal occupation / Job title (See Instructions) Video Games		Employer (See Instructions) Devolver Digital
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Driftwood, TX 78619		
Principal occupation / Job title (See Instructions) Video Games		Employer (See Instructions) Devolver Digital
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milne, Cynthia	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milne, Cynthia	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 190/320 Rpt: 193/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindes, Paula <hr/> 6 Contributor address; City; State; Zip Code Cleveland Hts, OH 44118	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindes, Paula <hr/> Contributor address; City; State; Zip Code Cleveland Hts, OH 44118	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindes, Paula <hr/> Contributor address; City; State; Zip Code Cleveland Hts, OH 44118	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minsuk, Sharon <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minsuk, Sharon <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 191/320 Rpt: 194/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minsuk, Sharon 6 Contributor address; City; State; Zip Code Belmont, CA 94002	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molini, Lynne Contributor address; City; State; Zip Code Sparks, NV 89434	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monjure, Noel Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monjure, Noel Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Teresa Contributor address; City; State; Zip Code Macon, GA 31220	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Vocational Rehabilitation Counselor		Employer (See Instructions) Anthem

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 192/320 Rpt: 195/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moshirnia, Kathy	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Stockton, CA 95219		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moulton, Sharon	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code LEEDS, MA 01053		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moulton, Sharon	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code LEEDS, MA 01053		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Kari	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Port Orchard, WA 98366		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Kari	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Port Orchard, WA 98366		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 193/320 Rpt: 196/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Kari <hr/> 6 Contributor address; City; State; Zip Code Port Orchard, WA 98366	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSEN, ROXANNE <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) SELF
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NELSEN, ROXANNE <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) SELF
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOVAK, GERARD <hr/> Contributor address; City; State; Zip Code Burlington, NJ 08016	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabors, Charlotte <hr/> Contributor address; City; State; Zip Code Denton, TX 76209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 194/320 Rpt: 197/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nackley, Daniel <hr/> 6 Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Department of Veterans Affairs
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nackley, Daniel <hr/> Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Department of Veterans Affairs
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadeau, Bart <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadeau, Bart <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nahman, Albert <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94703	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 195/320 Rpt: 198/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nahman, Albert <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94703	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Business owner		9 Employer (See Instructions) Self
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naser, Cristeena <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American Bankers Association
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Dana <hr/> Contributor address; City; State; Zip Code St George, UT 84770	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Linda <hr/> Contributor address; City; State; Zip Code Laurinburg, NC 28352	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) clergy		Employer (See Instructions) Lutheran Church
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Linda <hr/> Contributor address; City; State; Zip Code Laurinburg, NC 28352	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) clergy		Employer (See Instructions) Lutheran Church

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 196/320 Rpt: 199/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Linda <hr/> 6 Contributor address; City; State; Zip Code Laurinburg, NC 28352	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) clergy		9 Employer (See Instructions) Lutheran Church
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Linda <hr/> Contributor address; City; State; Zip Code Laurinburg, NC 28352	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) clergy		Employer (See Instructions) Lutheran Church
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nerken, Ruth <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nerken, Ruth <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newhouse, Ellen <hr/> Contributor address; City; State; Zip Code New York, NY 10013	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) fundraiser		Employer (See Instructions) Harlem Village Academies

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 197/320 Rpt: 200/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold <hr/> 6 Contributor address; City; State; Zip Code Aventura, FL 33180	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Sylvia <hr/> Contributor address; City; State; Zip Code Ashland, VA 23005	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila <hr/> Contributor address; City; State; Zip Code DePeyster, NY 13633	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila <hr/> Contributor address; City; State; Zip Code DePeyster, NY 13633	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila <hr/> Contributor address; City; State; Zip Code DePeyster, NY 13633	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 198/320 Rpt: 201/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 199/320 Rpt: 202/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Scott <hr/> Contributor address; City; State; Zip Code Mill Valley, CA 94941	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Lawrence <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Lawrence <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 200/320 Rpt: 203/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Lawrence <hr/> 6 Contributor address; City; State; Zip Code Saint Louis, MO 63105	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Lawrence <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Lawrence <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Lawrence <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noto, Nancy <hr/> Contributor address; City; State; Zip Code Cupertino, CA 95014	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 201/320 Rpt: 204/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OBRIEN, THOMAS and ALISON <hr/> 6 Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33418	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oelsner, Leslie <hr/> Contributor address; City; State; Zip Code Fayetteville, AR 72701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oelsner, Leslie <hr/> Contributor address; City; State; Zip Code Fayetteville, AR 72701	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) self
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oelsner, Leslie <hr/> Contributor address; City; State; Zip Code Fayetteville, AR 72701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) self
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohrstrom, George <hr/> Contributor address; City; State; Zip Code Berryville, VA 22611	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 202/320 Rpt: 205/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohrstrom, George <hr/> 6 Contributor address; City; State; Zip Code Berryville, VA 22611	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohrstrom, George <hr/> Contributor address; City; State; Zip Code Berryville, VA 22611	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okun, Lewis <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48105	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okun, Lewis <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okun, Lewis <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48105	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 203/320 Rpt: 206/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okun, Lewis <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48105	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overbeck, John <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19119	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palka, John <hr/> Contributor address; City; State; Zip Code Maple Grove, MN 55369	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palka, John <hr/> Contributor address; City; State; Zip Code Maple Grove, MN 55369	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papa, William <hr/> Contributor address; City; State; Zip Code Windham, NH 03087	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Jackson family fine wines

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 204/320 Rpt: 207/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papa, William	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Windham, NH 03087	
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Jackson family fine wines
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papa, William	Amount of Contribution (\$) \$8.00
	Contributor address; City; State; Zip Code Windham, NH 03087	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Jackson family fine wines
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Elissa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Washington, DC 20010	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Piper	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Shreveport, LA 71106	
Principal occupation / Job title (See Instructions) land development		Employer (See Instructions) Grasslands Development Corp
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, James	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Bloomington, IL 61701	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 205/320 Rpt: 208/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, James <hr/> 6 Contributor address; City; State; Zip Code Bloomington, IL 61701	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, James <hr/> Contributor address; City; State; Zip Code Bloomington, IL 61701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, James <hr/> Contributor address; City; State; Zip Code Bloomington, IL 61701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pastin, Susan <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pastin, Susan <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 206/320 Rpt: 209/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patey, Gretchen <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53713	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) banquet server		9 Employer (See Instructions) Monona Terrace
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Judith <hr/> Contributor address; City; State; Zip Code Somerdale, NJ 08083	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Judith <hr/> Contributor address; City; State; Zip Code Somerdale, NJ 08083	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Evan <hr/> Contributor address; City; State; Zip Code Maplewood, NJ 07040	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Schrodinger
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Evan <hr/> Contributor address; City; State; Zip Code Maplewood, NJ 07040	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Schrodinger

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 207/320 Rpt: 210/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Jaquelin <hr/> 6 Contributor address; City; State; Zip Code Captain Cook, HI 96704	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Pat <hr/> Contributor address; City; State; Zip Code Drexel Hill, PA 19026	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Starr <hr/> Contributor address; City; State; Zip Code Drexel Hill, PA 19026	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedroza, Rosalie <hr/> Contributor address; City; State; Zip Code Salem, OR 97309	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pensiero, Beth <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28791	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Singer Caregiver		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 208/320 Rpt: 211/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pensiero, Beth <hr/> 6 Contributor address; City; State; Zip Code Hendersonville, NC 28791	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Singer Caregiver		9 Employer (See Instructions) Self
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pensiero, Beth <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28791	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Singer Caregiver		Employer (See Instructions) Self
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perini, Vincent <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 209/320 Rpt: 212/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> 6 Contributor address; City; State; Zip Code Algonquin, IL 60102	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 210/320 Rpt: 213/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> 6 Contributor address; City; State; Zip Code Algonquin, IL 60102	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlson, Judith <hr/> Contributor address; City; State; Zip Code Algonquin, IL 60102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Beverly <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 211/320 Rpt: 214/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Beverly <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petersen, Carolyn <hr/> Contributor address; City; State; Zip Code Naples, FL 34113	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petersen, Carolyn <hr/> Contributor address; City; State; Zip Code Naples, FL 34113	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Shannon <hr/> Contributor address; City; State; Zip Code Tacoma, WA 98406	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettegrew, Barbara <hr/> Contributor address; City; State; Zip Code Powell, OH 43065	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 212/320 Rpt: 215/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettegrew, Barbara <hr/> 6 Contributor address; City; State; Zip Code Powell, OH 43065	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettegrew, Barbara <hr/> Contributor address; City; State; Zip Code Powell, OH 43065	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peugh, Bobby <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peugh, Bobby <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, David <hr/> Contributor address; City; State; Zip Code Arcata, CA 95521	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 213/320 Rpt: 216/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, David <hr/> 6 Contributor address; City; State; Zip Code Arcata, CA 95521	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kathy <hr/> Contributor address; City; State; Zip Code North Andover, MA 01845	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Kathy <hr/> Contributor address; City; State; Zip Code North Andover, MA 01845	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pien, Edward <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Medstar Georgetown University Hospital
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pien, Edward <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Medstar Georgetown University Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 214/320 Rpt: 217/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pien, Edward <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20016	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Medical Doctor		9 Employer (See Instructions) Medstar Georgetown University Hospital
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pien, Natalie <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinaire, Beverly <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinaire, Beverly <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pique, Lynn <hr/> Contributor address; City; State; Zip Code Redwood City, CA 94063	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 215/320 Rpt: 218/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pique, Lynn <hr/> 6 Contributor address; City; State; Zip Code Redwood City, CA 94063	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Platt, Melvin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Podolsky, Susan <hr/> Contributor address; City; State; Zip Code Modesto, CA 95350	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) OBHG
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollaine, Stephen <hr/> Contributor address; City; State; Zip Code Occidental, CA 95465	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollaine, Stephen <hr/> Contributor address; City; State; Zip Code Occidental, CA 95465	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 216/320 Rpt: 219/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond, Tim <hr/> 6 Contributor address; City; State; Zip Code Half Moon Bay, CA 94019	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Self
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond, Tim <hr/> Contributor address; City; State; Zip Code Half Moon Bay, CA 94019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond, Tim <hr/> Contributor address; City; State; Zip Code Half Moon Bay, CA 94019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Armida <hr/> Contributor address; City; State; Zip Code Dallas, TX 75216	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Virginia <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27615	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 217/320 Rpt: 220/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, David <hr/> 6 Contributor address; City; State; Zip Code Kensington, CA 94708	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, David <hr/> Contributor address; City; State; Zip Code Kensington, CA 94708	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARDSON, BRUCE <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Self
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raab, Harry <hr/> Contributor address; City; State; Zip Code Little River, SC 29566	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radue, Roger <hr/> Contributor address; City; State; Zip Code MARTINSVILLE, IN 46151	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 218/320 Rpt: 221/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Ligonier, PA 15658		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Ligonier, PA 15658		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Ligonier, PA 15658		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Ligonier, PA 15658		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Ligonier, PA 15658		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 219/320 Rpt: 222/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy <hr/> 6 Contributor address; City; State; Zip Code Ligonier, PA 15658	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy <hr/> Contributor address; City; State; Zip Code Ligonier, PA 15658	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie <hr/> Contributor address; City; State; Zip Code Woolwich, ME 04579	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie <hr/> Contributor address; City; State; Zip Code Woolwich, ME 04579	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie <hr/> Contributor address; City; State; Zip Code Woolwich, ME 04579	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 220/320 Rpt: 223/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Real, Endsley	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Atlanta, GA 30306		
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Dept of VA
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redsecker, Martha	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code NORTH LAS VEGAS, NV 89032		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Mary	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sebastopol, CA 95472		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Mary	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Sebastopol, CA 95472		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Rebecca	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Las Vegas, NV 89138		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 221/320 Rpt: 224/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reich, Laurie <hr/> 6 Contributor address; City; State; Zip Code Walnut Creek, CA 94598	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Carmen <hr/> Contributor address; City; State; Zip Code Cathedral City, CA 92234	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reiremo, Randi <hr/> Contributor address; City; State; Zip Code Corte Madera, CA 94925	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) Oceanic Society
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reiremo, Randi <hr/> Contributor address; City; State; Zip Code Corte Madera, CA 94925	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) Oceanic Society
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reiser, Amy <hr/> Contributor address; City; State; Zip Code Northampton, MA 01060	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 222/320 Rpt: 225/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reiser, Amy <hr/> 6 Contributor address; City; State; Zip Code Northampton, MA 01060	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rommel, Paula <hr/> Contributor address; City; State; Zip Code San Diego, CA 92117	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rommel, Paula <hr/> Contributor address; City; State; Zip Code San Diego, CA 92117	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rheinstein, Margaret <hr/> Contributor address; City; State; Zip Code Wakefield, RI 02879	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Jason <hr/> Contributor address; City; State; Zip Code Newton, MA 02458	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Biotech		Employer (See Instructions) Atlas Venture

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 223/320 Rpt: 226/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Jason <hr/> 6 Contributor address; City; State; Zip Code Newton, MA 02458	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Biotech		9 Employer (See Instructions) Atlas Venture
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 224/320 Rpt: 227/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94618	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Squaretrade Inc.
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, William <hr/> Contributor address; City; State; Zip Code San Anselmo, CA 94960	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, William <hr/> Contributor address; City; State; Zip Code San Anselmo, CA 94960	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rideout, Ransom <hr/> Contributor address; City; State; Zip Code Altadena, CA 91001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) CSUN College of Science and Mathematics
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigik, Charleth <hr/> Contributor address; City; State; Zip Code Forest Grove, OR 97116	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 225/320 Rpt: 228/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigik, Charleth <hr/> 6 Contributor address; City; State; Zip Code Forest Grove, OR 97116	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritchey, Daniel R. <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87106	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Bonnie <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Richard <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) wpg
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robideau, Trudy <hr/> Contributor address; City; State; Zip Code San Diego, CA 92108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 226/320 Rpt: 229/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinsom, Teresa C <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Barbara <hr/> Contributor address; City; State; Zip Code Carmel, CA 93923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Sara <hr/> Contributor address; City; State; Zip Code Luck, WI 54853	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Janice <hr/> Contributor address; City; State; Zip Code Chicago, IL 60614	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Quarles & Brady LLP
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Janice <hr/> Contributor address; City; State; Zip Code Chicago, IL 60614	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Quarles & Brady LLP

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 227/320 Rpt: 230/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romans, Susan	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Stowe, VT 05672		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romans, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Stowe, VT 05672		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romans, Susan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Stowe, VT 05672		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roney, Jack	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Vienna, VA 22180		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Bruce	Amount of Contribution (\$) \$7.50
Contributor address; City; State; Zip Code New York, NY 10024		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 228/320 Rpt: 231/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Bruce <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10024	7 Amount of Contribution (\$) \$7.50
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Joel <hr/> Contributor address; City; State; Zip Code Northampton, MA 01060	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Joel <hr/> Contributor address; City; State; Zip Code Northampton, MA 01060	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Joel <hr/> Contributor address; City; State; Zip Code Northampton, MA 01060	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbach, Michelle <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manufacturing		Employer (See Instructions) ABY Mfg Group Inc.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 229/320 Rpt: 232/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbach, Michelle <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Manufacturing		9 Employer (See Instructions) ABY Mfg Group Inc.
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenberg, Carroll S. <hr/> Contributor address; City; State; Zip Code NY, NY 10022	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) college professor		Employer (See Instructions) retired
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenberg, Carroll S. <hr/> Contributor address; City; State; Zip Code NY, NY 10022	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) college professor		Employer (See Instructions) retired
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblatt, Jessica <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Media Designer		Employer (See Instructions) self
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblatt, Jessica <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Media Designer		Employer (See Instructions) self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 230/320 Rpt: 233/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, Michael <hr/> 6 Contributor address; City; State; Zip Code Claremont, CA 91711	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosner, Alan <hr/> Contributor address; City; State; Zip Code New haven, CT 06515	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Jacqueline <hr/> Contributor address; City; State; Zip Code Akron, OH 44333	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothberg, Sharron <hr/> Contributor address; City; State; Zip Code Smithfield, RI 02917	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowan, William <hr/> Contributor address; City; State; Zip Code Oakland, CA 94606	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Computer Programmer		Employer (See Instructions) John Schipani Restaurant

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 231/320 Rpt: 234/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowan, William <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94606	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Computer Programmer		9 Employer (See Instructions) John Schipani Restaurant
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Jeff <hr/> Contributor address; City; State; Zip Code Pinole, CA 94564	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Journalist		Employer (See Instructions) Self
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Betsy <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) graphic design		Employer (See Instructions) self
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Betsy <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) graphic design		Employer (See Instructions) self
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Bruce <hr/> Contributor address; City; State; Zip Code Vashon, WA 98070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 232/320 Rpt: 235/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Bruce <hr/> 6 Contributor address; City; State; Zip Code Vashon, WA 98070	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Bruce <hr/> Contributor address; City; State; Zip Code Vashon, WA 98070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Robert <hr/> Contributor address; City; State; Zip Code Vashon, WA 98070	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Robert <hr/> Contributor address; City; State; Zip Code Vashon, WA 98070	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 233/320 Rpt: 236/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> 6 Contributor address; City; State; Zip Code Brightwood, OR 97011	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUREKA, AMOD <hr/> Contributor address; City; State; Zip Code Norcross, GA 30071	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Phsyician		Employer (See Instructions) DeKalb Medical
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakakeeny, Robert <hr/> Contributor address; City; State; Zip Code WORCESTER, MA 01609	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakakeeny, Robert <hr/> Contributor address; City; State; Zip Code WORCESTER, MA 01609	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakakeeny, Robert <hr/> Contributor address; City; State; Zip Code WORCESTER, MA 01609	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 234/320 Rpt: 237/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakakeeny, Robert <hr/> 6 Contributor address; City; State; Zip Code WORCESTER, MA 01609	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saleski, Alan <hr/> Contributor address; City; State; Zip Code Evanston, IL 60201	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Loyola University Chicago
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salone, Margo <hr/> Contributor address; City; State; Zip Code Shubuta, MS 39360	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salone, Margo <hr/> Contributor address; City; State; Zip Code Shubuta, MS 39360	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salone, Margo <hr/> Contributor address; City; State; Zip Code Shubuta, MS 39360	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 235/320 Rpt: 238/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salone, Margo <hr/> 6 Contributor address; City; State; Zip Code Shubuta, MS 39360	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salone, Margo <hr/> Contributor address; City; State; Zip Code Shubuta, MS 39360	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salone, Margo <hr/> Contributor address; City; State; Zip Code Shubuta, MS 39360	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammann, Patricia <hr/> Contributor address; City; State; Zip Code Urbana, IL 61801	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandersen, Linda <hr/> Contributor address; City; State; Zip Code Whitefish Bay, WI 53227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 236/320 Rpt: 239/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santisteban, Sandra <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10031	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santisteban, Sandra <hr/> Contributor address; City; State; Zip Code New York, NY 10031	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santisteban, Sandra <hr/> Contributor address; City; State; Zip Code New York, NY 10031	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santisteban, Sandra <hr/> Contributor address; City; State; Zip Code New York, NY 10031	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santore, George <hr/> Contributor address; City; State; Zip Code Santa Maria, CA 93458	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 237/320 Rpt: 240/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santore, George <hr/> 6 Contributor address; City; State; Zip Code Santa Maria, CA 93458	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santore, George <hr/> Contributor address; City; State; Zip Code Santa Maria, CA 93458	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santore, George <hr/> Contributor address; City; State; Zip Code Santa Maria, CA 93458	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santore, George <hr/> Contributor address; City; State; Zip Code Santa Maria, CA 93458	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos, Paul <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 238/320 Rpt: 241/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code College Station, TX 77840		
8 Principal occupation / Job title (See Instructions) College Faculty		9 Employer (See Instructions) TAMU
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code College Station, TX 77840		
Principal occupation / Job title (See Instructions) College Faculty		Employer (See Instructions) TAMU
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Cynthia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pacific Palisades, CA 90272		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Cynthia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pacific Palisades, CA 90272		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Bronx, NY 10471		
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Veterans Administration

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 239/320 Rpt: 242/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scardino, Albert	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Bluffton, SC 29910		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scardino, Albert	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Bluffton, SC 29910		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schapiro, Susan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Cincinnati, OH 45242		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schechter, Ruth	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Leawood, KS 66209		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schechter, Ruth	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Leawood, KS 66209		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 240/320 Rpt: 243/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schechter, Ruth	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Boston, MA 02130		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheelar, Earl	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Berkeley, CA 94703		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiff, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code White Plains, NY 10605		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiff, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code White Plains, NY 10605		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiff, David	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code White Plains, NY 10605		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 241/320 Rpt: 244/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiller, Lisa <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10013	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) art		9 Employer (See Instructions) self
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiller, Lisa <hr/> Contributor address; City; State; Zip Code New York, NY 10013	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) art		Employer (See Instructions) self
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schimmel, Beth <hr/> Contributor address; City; State; Zip Code New Berlin, WI 53151	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) EMD Serono
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schimmel, Beth <hr/> Contributor address; City; State; Zip Code New Berlin, WI 53151	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) EMD Serono
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlantz, Eileen <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55418	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 242/320 Rpt: 245/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlantz, Eileen	7 Amount of Contribution (\$) \$24.00
6 Contributor address; City; State; Zip Code Minneapolis, MN 55418		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlantz, Eileen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Minneapolis, MN 55418		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schloss, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Briarcliff Manor, NY 10510		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) IBM
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Saskia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Saskia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 243/320 Rpt: 246/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Saskia <hr/> 6 Contributor address; City; State; Zip Code Mercer Island, WA 98040	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Saskia <hr/> Contributor address; City; State; Zip Code Mercer Island, WA 98040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Saskia <hr/> Contributor address; City; State; Zip Code Mercer Island, WA 98040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schutte, Patsy <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23455	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Kent <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94304	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 244/320 Rpt: 247/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Kent <hr/> 6 Contributor address; City; State; Zip Code Palo Alto, CA 94304	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Rose <hr/> Contributor address; City; State; Zip Code California, CA 90602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) CA-RWQCB-RB8
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, William <hr/> Contributor address; City; State; Zip Code VALLEJO, CA 94590	Amount of Contribution (\$) \$49.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) none
Date 06/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, William <hr/> Contributor address; City; State; Zip Code VALLEJO, CA 94590	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) none
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebesta, Doyle <hr/> Contributor address; City; State; Zip Code Stockdale, TX 78160	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Van driver		Employer (See Instructions) Hibbett Sporting Goods

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 245/320 Rpt: 248/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segal, Terry	7 Amount of Contribution (\$) \$36.00
6 Contributor address; City; State; Zip Code Gloucester, MA 01930		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seiger, Sanford	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Solon, OH 44139		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selove, Teresa	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Centreville, VA 20120		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senders, Warren	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Medford, MA 02155		
Principal occupation / Job title (See Instructions) music teacher		Employer (See Instructions) self-employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senders, Warren	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Medford, MA 02155		
Principal occupation / Job title (See Instructions) music teacher		Employer (See Instructions) self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 246/320 Rpt: 249/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senders, Warren <hr/> 6 Contributor address; City; State; Zip Code Medford, MA 02155	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) music teacher		9 Employer (See Instructions) self-employed
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sethi, Lida <hr/> Contributor address; City; State; Zip Code Columbus, OH 43204	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sethi, Lida <hr/> Contributor address; City; State; Zip Code Columbus, OH 43204	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sexton, Cedar <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Clinical Research Coordinator		Employer (See Instructions) The Geneva Foundation
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seymour, Jill <hr/> Contributor address; City; State; Zip Code Tempe, AZ 85283	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 247/320 Rpt: 250/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, John <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98117	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Transportation Planner		9 Employer (See Instructions) City of Seattle
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, John <hr/> Contributor address; City; State; Zip Code Seattle, WA 98117	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Transportation Planner		Employer (See Instructions) City of Seattle
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, John <hr/> Contributor address; City; State; Zip Code Dayton, OH 45459	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheets, Ruth <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheets, Ruth <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 248/320 Rpt: 251/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheets, Ruth <hr/> 6 Contributor address; City; State; Zip Code New Paltz, NY 12561	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheets, Ruth <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheldon, Albert <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Self
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheldon, Albert <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shenfield, Beverly <hr/> Contributor address; City; State; Zip Code Santa Clara, CA 95051	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 249/320 Rpt: 252/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shenfield, Beverly <hr/> 6 Contributor address; City; State; Zip Code Santa Clara, CA 95051	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirkoff, Jean <hr/> Contributor address; City; State; Zip Code Portland, OR 97225	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirkoff, Jean <hr/> Contributor address; City; State; Zip Code Portland, OR 97225	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shisler, Michael <hr/> Contributor address; City; State; Zip Code Port Republic, MD 20676	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shivers, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Shivers & Shivers

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 250/320 Rpt: 253/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shivers, Nancy <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Shivers & Shivers
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shivers, Nancy <hr/> Contributor address; City; State; Zip Code san antonio texas, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Shivers & Shivers
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shlachter, Mara <hr/> Contributor address; City; State; Zip Code Portland, OR 97221	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Artist/teacher		Employer (See Instructions) Self
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shumway, Loretta <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Escrow Officer		Employer (See Instructions) MN Title Company
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shumway, Loretta <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Escrow Officer		Employer (See Instructions) MN Title Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 251/320 Rpt: 254/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegelman, Barbara	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Houston, TX 77098		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegelman, Barbara	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77098		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Rita	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Steilacoom, WA 98388		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklower, Keith	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code El Cerrito, CA 94530		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklower, Keith	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code El Cerrito, CA 94530		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 252/320 Rpt: 255/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skrainka, Stephen W.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Saint Louis, MO 63130	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaff, Susan	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lincoln Park, NJ 07035	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slichter, Emily	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Mateo, CA 94401	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Justin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Albany, NY 12209	
Principal occupation / Job title (See Instructions) network engineer		Employer (See Instructions) ABS Solutions
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, KevIn	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Verona, WI 53593	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) TEAM Resources

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 253/320 Rpt: 256/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> 6 Contributor address; City; State; Zip Code Verona, WI 53593	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) TEAM Resources
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Lucille <hr/> Contributor address; City; State; Zip Code Norwood, OH 45212	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Tracey <hr/> Contributor address; City; State; Zip Code Columbus, OH 43085	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Northwest Eye Surgeons
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Will <hr/> Contributor address; City; State; Zip Code Ocean Springs, MS 39564	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Cardiothoracic Surgeon		Employer (See Instructions) USAF
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Will <hr/> Contributor address; City; State; Zip Code Ocean Springs, MS 39564	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Cardiothoracic Surgeon		Employer (See Instructions) USAF

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 254/320 Rpt: 257/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Chicago, IL 60626		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Chicago, IL 60626		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Chicago, IL 60626		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Chicago, IL 60626		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chicago, IL 60626		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 255/320 Rpt: 258/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Chicago, IL 60626		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Chicago, IL 60626		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Chicago, IL 60626		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Chicago, IL 60626		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, William	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Brooklyn, NY 11238		
Principal occupation / Job title (See Instructions) Digital Content Strategist		Employer (See Instructions) Bank of America

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 256/320 Rpt: 259/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sobol, Jennifer <hr/> 6 Contributor address; City; State; Zip Code El Cerrito, CA 94530	7 Amount of Contribution (\$) \$11.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sobol, Jennifer <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solzman, Bamboo <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solzman, Bamboo <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sommerhauser, James <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98311	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 257/320 Rpt: 260/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sommerhauser, James <hr/> 6 Contributor address; City; State; Zip Code Bremerton, WA 98311	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonders, Ricki <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73112	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonders, Ricki <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73112	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 258/320 Rpt: 261/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> 6 Contributor address; City; State; Zip Code Maineville, OH 45039	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer-Easton, Myra <hr/> Contributor address; City; State; Zip Code Springfield, VA 22153	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer-Easton, Myra <hr/> Contributor address; City; State; Zip Code Springfield, VA 22153	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperr, Michael <hr/> Contributor address; City; State; Zip Code West Palm Beach, FL 33406	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Land Surveying		Employer (See Instructions) Paramount Engineering Group Inc

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 259/320 Rpt: 262/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spillane, Donna J <hr/> 6 Contributor address; City; State; Zip Code West Harwich, MA 02671	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spillane, Donna J <hr/> Contributor address; City; State; Zip Code West Harwich, MA 02671	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sporny, Julie <hr/> Contributor address; City; State; Zip Code Port Charlotte, FL 33948	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Harriett <hr/> Contributor address; City; State; Zip Code Charleston, SC 29401	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Harriett <hr/> Contributor address; City; State; Zip Code Charleston, SC 29401	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 260/320 Rpt: 263/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkweather, James <hr/> 6 Contributor address; City; State; Zip Code Sherman Osks, CA 91411	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkweather, James <hr/> Contributor address; City; State; Zip Code Sherman Osks, CA 91411	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkweather, James <hr/> Contributor address; City; State; Zip Code Sherman Osks, CA 91411	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkweather, James <hr/> Contributor address; City; State; Zip Code Sherman Osks, CA 91411	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkweather, James <hr/> Contributor address; City; State; Zip Code Sherman Osks, CA 91411	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 261/320 Rpt: 264/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkweather, James <hr/> 6 Contributor address; City; State; Zip Code Sherman Osks, CA 91411	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starkweather, James <hr/> Contributor address; City; State; Zip Code Sherman Osks, CA 91411	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starner, Laurie <hr/> Contributor address; City; State; Zip Code Solon, OH 44139	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Systems Analyst		Employer (See Instructions) Cleveland Clinic
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steeg, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steeg, Susan <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 262/320 Rpt: 265/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steenblik, Louise	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Bellingham, WA 98229		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steenblik, Louise	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Kilauea, HI 96754		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stefaniak, Jane	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, VA 22201		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Debralee	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Boulder, CO 80303		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) none
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Sally	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Los Angeles, CA 90004		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 263/320 Rpt: 266/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Sally <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90004	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Sally <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90004	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Sally <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90004	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinberg, Ronnie <hr/> Contributor address; City; State; Zip Code Nashville, TN 37212	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Roy <hr/> Contributor address; City; State; Zip Code Lexington, KY 40503	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 264/320 Rpt: 267/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, BB <hr/> 6 Contributor address; City; State; Zip Code Boynton Beach, FL 33435	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, BB <hr/> Contributor address; City; State; Zip Code Boynton Beach, FL 33435	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Karin <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30307	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Don <hr/> Contributor address; City; State; Zip Code Bedford, VA 24523	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stork-Knock, Deborah <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95829	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 265/320 Rpt: 268/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowens, Daniel <hr/> 6 Contributor address; City; State; Zip Code Kennewick, WA 99336	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowens, Daniel <hr/> Contributor address; City; State; Zip Code Kennewick, WA 99336	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowens, Daniel <hr/> Contributor address; City; State; Zip Code Kennewick, WA 99336	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strang, Perian <hr/> Contributor address; City; State; Zip Code Nashville, TN 37205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strang, Perian <hr/> Contributor address; City; State; Zip Code Nashville, TN 37205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 266/320 Rpt: 269/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strang, Perian <hr/> 6 Contributor address; City; State; Zip Code Nashville, TN 37205	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions) self
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stratten, Cheryl <hr/> Contributor address; City; State; Zip Code Denver, CO 80211	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Streun, Gail <hr/> Contributor address; City; State; Zip Code Seguin, TX 78155	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strijdonk, Melvina <hr/> Contributor address; City; State; Zip Code Oro Valley, AZ 85737	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suchy, Kathryn R. <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 267/320 Rpt: 270/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suczek, Marybelle <hr/> 6 Contributor address; City; State; Zip Code South Padre Island, TX 78597	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suczek, Marybelle <hr/> Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suczek, Marybelle <hr/> Contributor address; City; State; Zip Code South Padre Island, TX 78597	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suierveld, John <hr/> Contributor address; City; State; Zip Code Murrysville, PA 15668	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Banking		Employer (See Instructions) Pnc
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Paul <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76132	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 268/320 Rpt: 271/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Surden, Esther <hr/> 6 Contributor address; City; State; Zip Code North Caldwell, NJ 07006	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) writer/editor		9 Employer (See Instructions) E. Surden Associates LLC
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, William <hr/> Contributor address; City; State; Zip Code Woodridge, IL 60517	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) USSI
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Rosemarie <hr/> Contributor address; City; State; Zip Code Bryan, TX 77801	Amount of Contribution (\$) \$78.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szczepanski, Adam <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Racca Solutions
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szegedy-Maszak, Andrew <hr/> Contributor address; City; State; Zip Code Middletown, CT 06457	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Wesleyan University

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 269/320 Rpt: 272/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THeise, Neil <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10002	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) beth israel hospital
Date 05/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tackes, Gary <hr/> Contributor address; City; State; Zip Code port washington, WI 53074	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) We Energies
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tackett, Marsha <hr/> Contributor address; City; State; Zip Code Anacortes, WA 98221	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tai, Jeanne <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02140	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamsen, Amy <hr/> Contributor address; City; State; Zip Code Wausau, WI 54401	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 270/320 Rpt: 273/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamsen, Amy <hr/> 6 Contributor address; City; State; Zip Code Wausau, WI 54401	7 Amount of Contribution (\$) \$22.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tatroe, Sheryl <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tatroe, Sheryl <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tatum, Susan <hr/> Contributor address; City; State; Zip Code Arlington, VA 22206	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tauber, Harvey <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30327	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 271/320 Rpt: 274/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tauber, Harvey <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30327	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tauber, Harvey <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30327	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tennenbaum, Gary <hr/> Contributor address; City; State; Zip Code Basalt, CO 81621	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Pitkin county
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tennenbaum, Gary <hr/> Contributor address; City; State; Zip Code Basalt, CO 81621	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Pitkin county
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thacker, Kipling <hr/> Contributor address; City; State; Zip Code Excelsior, MN 55331	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Lifecore Biomedical

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 272/320 Rpt: 275/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thacker, Kipling <hr/> 6 Contributor address; City; State; Zip Code Excelsior, MN 55331	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) Lifecore Biomedical
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Shirley <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) North Lake College
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Shirley <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) North Lake College
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Shirley <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) North Lake College
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Shirley <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) North Lake College

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 273/320 Rpt: 276/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilles, Nurit <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10003	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) musician		9 Employer (See Instructions) self
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilton-Jones, Carrie <hr/> Contributor address; City; State; Zip Code Portland, OR 97219	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) student writer		Employer (See Instructions) self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobey, Eugene <hr/> Contributor address; City; State; Zip Code LATHAM, NY 12110	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torre, Mary Lou <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94306	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) caregiver/actor		Employer (See Instructions) self
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Touba, Jemal <hr/> Contributor address; City; State; Zip Code Westwood, NJ 07675	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 274/320 Rpt: 277/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trangucci, Neale <hr/> 6 Contributor address; City; State; Zip Code Summit, NJ 07901	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Investment Research		9 Employer (See Instructions) Mason Capital
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trangucci, Neale <hr/> Contributor address; City; State; Zip Code Summit, NJ 07901	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Investment Research		Employer (See Instructions) Mason Capital
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Anna <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevvett, David <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446	Amount of Contribution (\$) \$17.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevvett, David <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446	Amount of Contribution (\$) \$17.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 275/320 Rpt: 278/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truebig, Beverly <hr/> 6 Contributor address; City; State; Zip Code West Hartford, CT 06107	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truebig, Beverly <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo, Michael <hr/> Contributor address; City; State; Zip Code Denver, CO 80249	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HR Specialist		Employer (See Instructions) DoD
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuel, Mark <hr/> Contributor address; City; State; Zip Code Mount Vernon, OH 43050	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuel, Mark <hr/> Contributor address; City; State; Zip Code Mount Vernon, OH 43050	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 276/320 Rpt: 279/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turnbow, MaRia <hr/> 6 Contributor address; City; State; Zip Code St Louis, MO 63128	7 Amount of Contribution (\$) \$3.19
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turnbow, MaRia <hr/> Contributor address; City; State; Zip Code St Louis, MO 63128	Amount of Contribution (\$) \$15.21
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turnbow, MaRia <hr/> Contributor address; City; State; Zip Code St Louis, MO 63128	Amount of Contribution (\$) \$15.31
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turnbow, MaRia <hr/> Contributor address; City; State; Zip Code St Louis, MO 63128	Amount of Contribution (\$) \$15.21
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turnbow, MaRia <hr/> Contributor address; City; State; Zip Code St Louis, MO 63128	Amount of Contribution (\$) \$5.27
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 277/320 Rpt: 280/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turnbow, MaRia <hr/> 6 Contributor address; City; State; Zip Code St Louis, MO 63128	7 Amount of Contribution (\$) \$6.27
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Elizabeth <hr/> Contributor address; City; State; Zip Code Memphis, TN 38104	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Tutor		Employer (See Instructions) Self
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tweedy, Lawrence <hr/> Contributor address; City; State; Zip Code Durango, CO 81301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbanowicz, Wendy <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98668	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbanowicz, Wendy <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98668	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 278/320 Rpt: 281/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Utset, Manuel <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60615	7 Amount of Contribution (\$) \$25.16
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Illinois at Chicago
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Utset, Manuel <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$25.16
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Illinois at Chicago
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Utset, Manuel <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$25.16
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Illinois at Chicago
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valade, Ellen <hr/> Contributor address; City; State; Zip Code Acton, MA 01720	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valade, Ellen <hr/> Contributor address; City; State; Zip Code Acton, MA 01720	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 279/320 Rpt: 282/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vallet, Rita <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Wazer, Thomas <hr/> Contributor address; City; State; Zip Code McLean, VA 22101	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Federal Trade Commission
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanDevender, Nancy <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87109	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanDevender, Nancy <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87109	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanetten, ruth <hr/> Contributor address; City; State; Zip Code Houston, TX 77070	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 280/320 Rpt: 283/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanetten, ruth <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77070	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viallet, Jean <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87506	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vilas, Faith <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Astronomer		Employer (See Instructions) PSI
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vilas, Faith <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Astronomer		Employer (See Instructions) PSI
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa-Komaroff, Lydia <hr/> Contributor address; City; State; Zip Code CHESTNUT HILL, MA 02467	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 281/320 Rpt: 284/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa-Komaroff, Lydia <hr/> 6 Contributor address; City; State; Zip Code CHESTNUT HILL, MA 02467	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) self
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viviano, Jesse <hr/> Contributor address; City; State; Zip Code Morrisville, NC 27560	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Security Analyst		Employer (See Instructions) Verizon Business
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viviano, Jesse <hr/> Contributor address; City; State; Zip Code Morrisville, NC 27560	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Security Analyst		Employer (See Instructions) Verizon Business
Date 05/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viviano, Jesse <hr/> Contributor address; City; State; Zip Code Morrisville, NC 27560	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Security Analyst		Employer (See Instructions) Verizon Business
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viviano, Jesse <hr/> Contributor address; City; State; Zip Code Morrisville, NC 27560	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Security Analyst		Employer (See Instructions) Verizon Business

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 282/320 Rpt: 285/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viviano, Jesse <hr/> 6 Contributor address; City; State; Zip Code Morrisville, NC 27560	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Security Analyst		9 Employer (See Instructions) Verizon Business
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viviano, Jesse <hr/> Contributor address; City; State; Zip Code Morrisville, NC 27560	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Security Analyst		Employer (See Instructions) Verizon Business
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viviano, Jesse <hr/> Contributor address; City; State; Zip Code Morrisville, NC 27560	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Security Analyst		Employer (See Instructions) Verizon Business
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vosburg, Cheryl <hr/> Contributor address; City; State; Zip Code Richmond, VA 23227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) systems analyst		Employer (See Instructions) WellPoint
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vosburg, Cheryl <hr/> Contributor address; City; State; Zip Code Richmond, VA 23227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) systems analyst		Employer (See Instructions) WellPoint

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 283/320 Rpt: 286/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARDLAW, ANDREA <hr/> 6 Contributor address; City; State; Zip Code CYPRESS, TX 77429	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) SHIPPING COORDINATOR		9 Employer (See Instructions) HH OIL TOOLS INC.
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBER, KATHLEEN <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEBER, KATHLEEN <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waffle, Elizabeth <hr/> Contributor address; City; State; Zip Code Milan, MI 48160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Margaret E <hr/> Contributor address; City; State; Zip Code Sachse, TX 75048	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 284/320 Rpt: 287/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Margaret <hr/> 6 Contributor address; City; State; Zip Code Claremont, CA 91711	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) professor		9 Employer (See Instructions) Pomona College
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Margaret <hr/> Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Pomona College
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walseth, James <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Salesforce
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Dee <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Dee <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 285/320 Rpt: 288/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Kathy	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76116		
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) TCU Press
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Maureen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bethesda, MD 20817		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Maureen	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Bethesda, MD 20817		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward Karr, Kari	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Albuquerque, NM 87111		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Synchronicity LLC
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasden, Kay	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77096		
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 286/320 Rpt: 289/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waterman, Ellen <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80206	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Charlie <hr/> Contributor address; City; State; Zip Code Cranbury, NJ 08512	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, David <hr/> Contributor address; City; State; Zip Code Lanesboro, MN 55949	Amount of Contribution (\$) \$18.55
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, David <hr/> Contributor address; City; State; Zip Code Lanesboro, MN 55949	Amount of Contribution (\$) \$18.55
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiner, Julie <hr/> Contributor address; City; State; Zip Code Yonkers, NY 10701	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) health counselor		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 287/320 Rpt: 290/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiner, Julie <hr/> 6 Contributor address; City; State; Zip Code Yonkers, NY 10701	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) health counselor		9 Employer (See Instructions) self
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiner, Julie <hr/> Contributor address; City; State; Zip Code Yonkers, NY 10701	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) health counselor		Employer (See Instructions) self
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Eliot <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Graduate Student		Employer (See Instructions) University of Chicago
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Howard P <hr/> Contributor address; City; State; Zip Code Newton, MA 02458	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Howard P <hr/> Contributor address; City; State; Zip Code Newton, MA 02458	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 288/320 Rpt: 291/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Howard P <hr/> 6 Contributor address; City; State; Zip Code Newton, MA 02458	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Howard P <hr/> Contributor address; City; State; Zip Code Newton, MA 02458	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Howard P <hr/> Contributor address; City; State; Zip Code Newton, MA 02458	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Howard P <hr/> Contributor address; City; State; Zip Code Newton, MA 02458	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Howard P <hr/> Contributor address; City; State; Zip Code Newton, MA 02458	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 289/320 Rpt: 292/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Ja <hr/> 6 Contributor address; City; State; Zip Code Lyndhurst, OH 44124	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Ja <hr/> Contributor address; City; State; Zip Code Lyndhurst, OH 44124	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wener, Rachel <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19104	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) First Judicial District of PA
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wener, Rachel <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19104	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) First Judicial District of PA
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wener, Rachel <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19104	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) First Judicial District of PA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 290/320 Rpt: 293/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerlund, Trina <hr/> 6 Contributor address; City; State; Zip Code Bellevue, WA 98004	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerlund, Trina <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerlund, Trina <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerlund, Trina <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerlund, Trina <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 291/320 Rpt: 294/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerlund, Trina <hr/> 6 Contributor address; City; State; Zip Code Bellevue, WA 98004	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerlund, Trina <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerlund, Trina <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westerlund, Trina <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weyand, Barbara <hr/> Contributor address; City; State; Zip Code West Falmouth, MA 02574	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 292/320 Rpt: 295/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Jeanette <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Jeanette <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Lucille <hr/> Contributor address; City; State; Zip Code Newport, RI 02840	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Lucille <hr/> Contributor address; City; State; Zip Code Newport, RI 02840	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Michael <hr/> Contributor address; City; State; Zip Code Wasilla, AK 99623	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 293/320 Rpt: 296/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Michael <hr/> 6 Contributor address; City; State; Zip Code Wasilla, AK 99623	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wierson, Carolyn <hr/> Contributor address; City; State; Zip Code Avondale Estates, GA 30002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 294/320 Rpt: 297/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 295/320 Rpt: 298/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Homer <hr/> Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Homer <hr/> Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Sarah <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11218	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) New York City

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 296/320 Rpt: 299/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Sarah <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11218	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) New York City
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilner, Dana <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94590	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Robert <hr/> Contributor address; City; State; Zip Code Oak Harbor, WA 98277	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Robert <hr/> Contributor address; City; State; Zip Code Oak Harbor, WA 98277	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wimberg, Kurt <hr/> Contributor address; City; State; Zip Code Jackson, WY 83001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 297/320 Rpt: 300/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winslow, Dylan <hr/> 6 Contributor address; City; State; Zip Code Salt Lake City, UT 84102	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Library Assistant		9 Employer (See Instructions) Salt Lake City Public Library
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winslow, Dylan <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84102	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Library Assistant		Employer (See Instructions) Salt Lake City Public Library
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winter, Kenneth <hr/> Contributor address; City; State; Zip Code Auburn, CA 95603	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winter, Kenneth <hr/> Contributor address; City; State; Zip Code Auburn, CA 95603	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winter, Kenneth <hr/> Contributor address; City; State; Zip Code Auburn, CA 95603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 298/320 Rpt: 301/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Linda <hr/> 6 Contributor address; City; State; Zip Code Ventura, CA 93004	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Ventura County
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Linda <hr/> Contributor address; City; State; Zip Code Ventura, CA 93004	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ventura County
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Linda <hr/> Contributor address; City; State; Zip Code Ventura, CA 93004	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ventura County
Date 05/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Stephen <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44112	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Stephen <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44112	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 299/320 Rpt: 302/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witte, Kendall <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78728	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) computer programmer		9 Employer (See Instructions) Dell EMC
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Jasmine <hr/> Contributor address; City; State; Zip Code Coventry, CT 06238	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired massage therapist		Employer (See Instructions) self/retired
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Jasmine <hr/> Contributor address; City; State; Zip Code Coventry, CT 06238	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired massage therapist		Employer (See Instructions) self/retired
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Lorna <hr/> Contributor address; City; State; Zip Code Auburn, AL 36830	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) self
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Sara <hr/> Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Information Architect		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 300/320 Rpt: 303/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Sara <hr/> 6 Contributor address; City; State; Zip Code Mountain View, CA 94043	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Information Architect		9 Employer (See Instructions) Self
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Daemon <hr/> Contributor address; City; State; Zip Code Harrisburg, NC 28075	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Jerry <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78249	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yee, Edison <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoshino, Anne <hr/> Contributor address; City; State; Zip Code Willow, AK 99688	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 301/320 Rpt: 304/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Cheryl <hr/> 6 Contributor address; City; State; Zip Code West Covina, CA 91791	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Western Integrated Systems
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Cheryl <hr/> Contributor address; City; State; Zip Code West Covina, CA 91791	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Western Integrated Systems
Date 06/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yowtak, Kris <hr/> Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) student		Employer (See Instructions) student
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yurgaites, Christine <hr/> Contributor address; City; State; Zip Code Vero Beach, FL 32966	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yurgaites, Christine <hr/> Contributor address; City; State; Zip Code Vero Beach, FL 32966	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 302/320 Rpt: 305/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yurgaites, Christine <hr/> 6 Contributor address; City; State; Zip Code Vero Beach, FL 32966	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zavaleta MD, Beverly <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelandais, Liz <hr/> Contributor address; City; State; Zip Code Fitchburg, WI 53711	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelandais, Liz <hr/> Contributor address; City; State; Zip Code Fitchburg, WI 53711	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoglo, Regina <hr/> Contributor address; City; State; Zip Code Wheat Ridge, CO 80033	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 303/320 Rpt: 306/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoglo, Regina <hr/> 6 Contributor address; City; State; Zip Code Wheat Ridge, CO 80033	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoglo, Regina <hr/> Contributor address; City; State; Zip Code Wheat Ridge, CO 80033	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoglo, Regina <hr/> Contributor address; City; State; Zip Code Wheat Ridge, CO 80033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoglo, Regina <hr/> Contributor address; City; State; Zip Code Wheat Ridge, CO 80033	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) boyce, sheila <hr/> Contributor address; City; State; Zip Code Santa Clarita California, CA 91390	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 304/320 Rpt: 307/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) brody, robert <hr/> 6 Contributor address; City; State; Zip Code east hampton, NY 11937	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) brody, robert <hr/> Contributor address; City; State; Zip Code east hampton, NY 11937	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) conrad, calvin <hr/> Contributor address; City; State; Zip Code oxford, OH 45056	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) daly, paul <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 05/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) danforth, Elizabeth <hr/> Contributor address; City; State; Zip Code Bozeman, MT 59715	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Montana state university

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 305/320 Rpt: 308/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) danforth, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Bozeman, MT 59715	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Montana state university
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) diebold, vanessa <hr/> Contributor address; City; State; Zip Code Ridgefield, CT 06877	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) elliott, darcy <hr/> Contributor address; City; State; Zip Code Athens, NY 12015	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) elliott, darcy <hr/> Contributor address; City; State; Zip Code Athens, NY 12015	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) elliott, darcy <hr/> Contributor address; City; State; Zip Code Athens, NY 12015	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 306/320 Rpt: 309/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) etow, Chris <hr/> 6 Contributor address; City; State; Zip Code Laguna Beach, CA 92651	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ferrero, gail <hr/> Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ferrero, gail <hr/> Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) flack, steve <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) flack, steve <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 307/320 Rpt: 310/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) frischmann, justine <hr/> 6 Contributor address; City; State; Zip Code San Rafael, CA 94903	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gassan, larry <hr/> Contributor address; City; State; Zip Code Camarillo, CA 93010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Larry Gassan Photo/White Glove Scanning
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gassan, larry <hr/> Contributor address; City; State; Zip Code Camarillo, CA 93010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Larry Gassan Photo/White Glove Scanning
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gassan, larry <hr/> Contributor address; City; State; Zip Code Camarillo, CA 93010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Larry Gassan Photo/White Glove Scanning
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gephardt, ann <hr/> Contributor address; City; State; Zip Code Lynbrook, NY 11563	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) college vp		Employer (See Instructions) nassau community collehe

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 308/320 Rpt: 311/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) giese, herbert	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Redding, CA 96003	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) goldstein, julian	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Atlantic Beach, NY 11509	
Principal occupation / Job title (See Instructions) corporate exec		Employer (See Instructions) OpsalesInc
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gorman, amy	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code berkeley, CA 94707	
Principal occupation / Job title (See Instructions) speech therapist		Employer (See Instructions) self
Date 05/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) henkin, michelle	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code New Harbor, ME 04554	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) henkin, michelle	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code New Harbor, ME 04554	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 309/320 Rpt: 312/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hess, cheryl <hr/> 6 Contributor address; City; State; Zip Code berkeley, CA 94707	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hess, cheryl <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) huckabay, kathleen <hr/> Contributor address; City; State; Zip Code Waikoloa, HI 96738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) huckabay, kathleen <hr/> Contributor address; City; State; Zip Code Waikoloa, HI 96738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) killian, ed <hr/> Contributor address; City; State; Zip Code hollywood, FL 33021	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 310/320 Rpt: 313/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) killian, ed <hr/> 6 Contributor address; City; State; Zip Code hollywood, FL 33021	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) killian, edward <hr/> Contributor address; City; State; Zip Code hollywood, FL 33021	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) killian, edward <hr/> Contributor address; City; State; Zip Code hollywood, FL 33021	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) klein, jane <hr/> Contributor address; City; State; Zip Code Boynton Beach, FL 33473	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) klein, jane <hr/> Contributor address; City; State; Zip Code Boynton Beach, FL 33473	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 311/320 Rpt: 314/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) komie, steve <hr/> 6 Contributor address; City; State; Zip Code palos park, IL 60464	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) investor		9 Employer (See Instructions) self
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) komie, steve <hr/> Contributor address; City; State; Zip Code palos park, IL 60464	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) investor		Employer (See Instructions) self
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kushner, david <hr/> Contributor address; City; State; Zip Code elgin, TX 78621	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kushner, david <hr/> Contributor address; City; State; Zip Code elgin, TX 78621	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lewis, mike <hr/> Contributor address; City; State; Zip Code washington, DC 20016	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) National Labor Relations Board

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 312/320 Rpt: 315/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 04/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lopato, leslie <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94131	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 05/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 313/320 Rpt: 316/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Ben Lomond, CA 95005		
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) self
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Ben Lomond, CA 95005		
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) norcross, julie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code BOYNE CITY, MI 49712		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) norcross, julie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code BOYNE CITY, MI 49712		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) norcross, julie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code BOYNE CITY, MI 49712		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 314/320 Rpt: 317/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) owen, Christina <hr/> 6 Contributor address; City; State; Zip Code rancho palos verdes, CA 90275	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) self
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) owen, Christina <hr/> Contributor address; City; State; Zip Code rancho palos verdes, CA 90275	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) owen, Christina <hr/> Contributor address; City; State; Zip Code rancho palos verdes, CA 90275	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) pelosi, john <hr/> Contributor address; City; State; Zip Code New York New York, NY 10279	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) peto, kathleen <hr/> Contributor address; City; State; Zip Code Wellington, FL 33414	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 315/320 Rpt: 318/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) poppe, donnal <hr/> 6 Contributor address; City; State; Zip Code Northridge, CA 91325	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) raizman, dorothy <hr/> Contributor address; City; State; Zip Code Ligonier, PA 15658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) raizman, dorothy <hr/> Contributor address; City; State; Zip Code Ligonier, PA 15658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) raizman, dorothy <hr/> Contributor address; City; State; Zip Code Ligonier, PA 15658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) raizman, dorothy <hr/> Contributor address; City; State; Zip Code Ligonier, PA 15658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 316/320 Rpt: 319/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby <hr/> 6 Contributor address; City; State; Zip Code baltimore, MD 21211	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby <hr/> Contributor address; City; State; Zip Code baltimore, MD 21211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby <hr/> Contributor address; City; State; Zip Code baltimore, MD 21211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby <hr/> Contributor address; City; State; Zip Code baltimore, MD 21211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) robbins-roth, cynthia <hr/> Contributor address; City; State; Zip Code san mateo, CA 94403	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 317/320 Rpt: 320/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) robbins-roth, cynthia <hr/> 6 Contributor address; City; State; Zip Code san mateo, CA 94403	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) robbins-roth, cynthia <hr/> Contributor address; City; State; Zip Code san mateo, CA 94403	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) savini, barbara <hr/> Contributor address; City; State; Zip Code Westchester, PA 19380	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) selig, barbara <hr/> Contributor address; City; State; Zip Code falls church, VA 22044	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) french wine importer		Employer (See Instructions) self
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sheret, jane <hr/> Contributor address; City; State; Zip Code severn, MD 21144	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 318/320 Rpt: 321/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) smith, camilla <hr/> 6 Contributor address; City; State; Zip Code Hudson, NY 12534	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wasserman, michael <hr/> Contributor address; City; State; Zip Code seattle, WA 98103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 06/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wasserman, michael <hr/> Contributor address; City; State; Zip Code seattle, WA 98103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 05/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) weil, karen <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94709	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Artist at play
Date 06/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) weil, karen <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94709	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Artist at play

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 319/320 Rpt: 322/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilson, katherine <hr/> 6 Contributor address; City; State; Zip Code palo alto, CA 94301	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilson, suzette <hr/> Contributor address; City; State; Zip Code SUN CITY, CA 92586	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilson, suzette <hr/> Contributor address; City; State; Zip Code SUN CITY, CA 92586	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wimp, pamela <hr/> Contributor address; City; State; Zip Code lacey, WA 98516	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) zorich, nora <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 320/320 Rpt: 323/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) zorich, nora <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48103	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) zorich, nora <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt:	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/01/2023	5 Payee name Act Blue Technical Service	
6 Amount (\$) \$111.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/08/2023	Payee name Act Blue Technical Service	
Amount (\$) \$153.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/15/2023	Payee name Act Blue Technical Service	
Amount (\$) \$189.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt:	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/22/2023	5 Payee name Act Blue Technical Service	
6 Amount (\$) \$186.04 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2023	Payee name Act Blue Technical Service	
Amount (\$) \$362.34 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2023	Payee name Act Blue Technical Service	
Amount (\$) \$260.15 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt:	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/12/2023	5 Payee name Act Blue Technical Service	
6 Amount (\$) \$112.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2023	Payee name Act Blue Technical Service	
Amount (\$) \$466.63 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2023	Payee name Act Blue Technical Service	
Amount (\$) \$381.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt:	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/01/2023	5 Payee name Kathryn, Singer	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9132 Nicklewood Avenue Las Vegas, NV 89143	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation refund for original donation made 4/22/23 reported on prior PAC report
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2023	Payee name NGP VAN	
Amount (\$) \$1,443.43 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 655 - 15th Street, NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data for fundraising - reversed on 10/18 - erroneous charge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2023	Payee name NGP VAN	
Amount (\$) \$1,443.43 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 655 - 15th Street, NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data for fundraising - reversed on 10/18 - erroneous charge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt:	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 05/02/2023	5 Payee name Paragon Solutions	
6 Amount (\$) \$22.94 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2141 East Broadway Road Suite 202 Tempe, AZ 85282	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2023	Payee name Paragon Solutions	
Amount (\$) \$20.37 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2141 East Broadway Road Suite 202 Tempe, AZ 85282	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2023	Payee name Resource One CU	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5344 E.R.L. Thornton Freeway, #110 Dallas, TX 75228	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Charges - Incoming Wire Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt:	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
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4 Date 05/08/2023	5 Payee name Resource One CU
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6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5344 E.R.L. Thornton Freeway, #110 Dallas, TX 75228
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Charges - Incoming Wire Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/15/2023	Payee name Resource One CU
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Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5344 E.R.L. Thornton Freeway, #110 Dallas, TX 75228
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Charges - Incoming Wire Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/22/2023	Payee name Resource One CU
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Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5344 E.R.L. Thornton Freeway, #110 Dallas, TX 75228
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Charges - Incoming Wire Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt:	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
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4 Date 05/30/2023	5 Payee name Resource One CU
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6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5344 E.R.L. Thornton Freeway, #110 Dallas, TX 75228
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Charges - Incoming Wire Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/05/2023	Payee name Resource One CU
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Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5344 E.R.L. Thornton Freeway, #110 Dallas, TX 75228
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Charges - Incoming Wire Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/12/2023	Payee name Resource One CU
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Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5344 E.R.L. Thornton Freeway, #110 Dallas, TX 75228
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Charges - Incoming Wire Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt:	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
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4 Date 06/20/2023	5 Payee name Resource One CU
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6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5344 E.R.L. Thornton Freeway, #110 Dallas, TX 75228
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Charges - Incoming Wire Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/26/2023	Payee name Resource One CU
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Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5344 E.R.L. Thornton Freeway, #110 Dallas, TX 75228
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Charges - Incoming Wire Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/23/2023	Payee name Rideshare2Vote LLC
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Amount (\$) \$32,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 803648 Dallas, TX 75380
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Management and Operations
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt:	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/05/2023	5 Payee name Rideshare2Vote LLC	
6 Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 803648 Dallas, TX 75380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Management and Operations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/19/2023	Payee name Rideshare2Vote LLC	
Amount (\$) \$20,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 803648 Dallas, TX 75380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Management and Operations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2023	Payee name Rideshare2Vote LLC	
Amount (\$) \$20,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 803648 Dallas, TX 75380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Management and Operations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt:	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
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4 Date 06/29/2023	5 Payee name Rideshare2Vote LLC
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6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 803648 Dallas, TX 75380
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Management and Operations
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/02/2023	Payee name Scale To Win
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Amount (\$) \$430.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13742 Harper Street Santa Ana, CA 92703-1419
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expenses - Texting Platform
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/03/2023	Payee name Scale To Win
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Amount (\$) \$606.82 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13742 Harper Street Santa Ana, CA 92703-1419
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Expenses - Texting Platform
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 334/335
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 06/12/2023	5 Name of person from whom amount is received ActBlue Civics Inc.	8 Amount (\$) \$2,653.98
	6 Address of person from whom amount is received; City; State; Zip Code Somerville, MA 02144	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer erroneous deposit to PAC will be corrected on next report	
Date 04/30/2023	Name of person from whom amount is received Resource One Credit Union	Amount (\$) \$119.74
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75228	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bank Interest	
Date 05/31/2023	Name of person from whom amount is received Resource One Credit Union	Amount (\$) \$124.18
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75228	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bank Interest	
Date 06/30/2023	Name of person from whom amount is received Resource One Credit Union	Amount (\$) \$85.61
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75228	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Bank Interest	

TEXT ANNOTATION

Sch: 1/1 Rpt: 335/335

FILER NAME

Rideshare 2 Vote

Filer ID (Ethics Commission Filers)

00084821

Schedule

K

Information entered by filer as a memo:

6/12/2023 receipt of \$2,653.98 from ActBlue Civics Inc. was not payable to Rideshare2Vote PAC and was erroneously deposited to the GPAC campaign account. This error was discovered after the semi-annual reporting period ended, and the funds were returned to the correct payee, Rideshare2Vote AWARE, on 7/10/23.

The return of the erroneously deposited funds will be reported on the subsequent report, schedule F-1 to correct the erroneous deposit of 6/12/2023.